17125

Class _____

No _____

Presented by

R. J. Dunglison, M.D.

THE NATIONAL MEDICAL REVIEW.

Chas. H. Crowell, M. D.

Editor and Publisher.

COLLEGE OF PHYSICIANS
LIBRARY
SEP 25 1893
OF PHILADELPHIA

VOL. I.

March, 1892, to March, 1893.

WASHINGTON, D. C.

INDEX.

THE EDITOR'S TABLE.

Accept the Invitation ... 38
Addresses by Dr. Prentiss ... 136
Adulterated Foods ... 135
Advance in Treatment of Cholera ... 147
Advantage of Residence in Washington ... 182
Advertisers ... 1
Altogether too Keeleyish ... 131
Aluminium for Nothing ... 20
Anatomical Law ... 18
Anatomy and Physiology of "Old Abe" ... 19
Are Physicians Poor Penmen? ... 180
Attend the Meetings ... 33
At the Expense of the Public ... 102

Back Numbers if Desired ... 180
Be Consistent ... 134
Beds for Consumptives ... 53
Beginning to Quarrel at Home ... 35
Belgium Law Against Hypnotism ... 2
Biographies of Eminent Men ... 37
Boon for Freshmen ... 20
Buy Books ... 33

Career of 1,000 Students ... 21
Case of Alice Mitchell ... 97
Caught Ourselves ... 183
Cease Belittling Each Other ... 37
Chicago Outdone ... 37
Cholera Invasion ... 97
Cholerine ... 117
Choose Your Own Doctor ... 39
Christian Science ... 37
Cigarettes and Boys ... 86, 116, 150
Cigarette Smokers Under 18 Years ... 149
Citizens' Hospital ... 117
Classical Literature ... 19
Closed for Repairs ... 83
Clothe the Children ... 162
Co-Education in Medicine ... 179
Collective Agency ... 162
Columbian University ... 132
Columbus and the Indian ... 136
Common Sense *vs.* Drug Store ... 100
Concentrated Force ... 34
Contagious Hospital, Illustrated ... 22
Cotton *vs.* the College Crop ... 39
Country *vs.* the City Doctor ... 81
Curious Postal Laws ... 17

Danger of Freezing ... 145
Death of Dr J H. Douglass ... 130
Deluded Women ... 49
Did Cleopatra Mesmerize? ... 146
Did We Laugh too Soon? ... 179
Discouraged Already ... 5
Disgraceful Exhibition ... 17
Dispense Our Own Medicines ... 68
Do Not Fear Hard Work ... 180
Doses of Toxic Medicines ... 69
Dr. Keeley Again ... 67
Dr. Keeley's Excuse ... 3
Dr. Hammond's Sanitarium ... 54
Dr. Robert Bartholow ... 8
Dr. T. W. Wise ... 7
Doubtful Compliment ... 103
Duty of the Profession ... 18

End of the Year ... 177
English as She is Writ ... 34
English as She Should be Writ ... 35
Esprit de Corps ... 69
Essayists for Medical Society ... 86
Extra Copies for the Asking ... 185

False Claims to Specialism ... 135
Farewell, Thou Mountebank ... 18
Fish as Brain Food ... 99
Frankness in Speech ... 103
Free Advertising of Quacks ... 145
Free Speech ... 53
Free Treatment ... 5
Funds for Hospital ... 22

Georgetown University ... 132
Gift to the Medical Society ... 132
Give Due Credit ... 118
Given to Exaggeration ... 65
Given to Praise ... 114
Good Bedside Manners ... 115
Great Mistake ... 54

Hard to Collect Bills ... 151
Have We an Opportunity? ... 66
Have You a Family Tree? ... 117
Here and There ... 8, 23
Heredity of Crime ... 51
Her Real Business ... 150
Her Tricky Tests ... 150
Honored Visitor ... 38
Honor Well Bestowed ... 84
Hospital for Contagious Diseases ... 7
Hospital for Epileptics ... 20
How to Pronounce Quinine ... 114
Howard University ... 133
Human and Animal Blood ... 180
Hypnotism ... 34
Hypnotism and Mesmerism ... 2
Hypnotism, Regulated by Law ... 2

If I Were Young Again ... 113
If We Only Deserved It ... 183
Impossible to Check a Falsehood ... 181
Income of *British Medical Journal* ... 148
Instruments and Drugs ... 54
Intelligent Prescribing ... 101
Irrigation in Cholera ... 146
Is This Our Own? ... 162

John Wesley as a Physician 17

Keeley Cure 3
Keeley Cure Again 99
Keep Cool 83
Kraft's Elixir of Life 182

Large Orders from Journals 34
Latest Remedy 185
Lead Poisoning 185
Legal Liability of Hospitals 7
Life and Services of Prof. Fristoe 129
Liquefying Gases 99
Literary Diarrhœa 70
Living Up to the Code 66
London *Lancet* and Hypnotism 3
Letters to a Young Physician 16, 32, 48, 64, 80, 96, 112, 128, 144, 160, 176, 192

Medical Bill 49
Medical Colleges 54
Medical Society 49, 129
Microscope 36
Modern Divorces 5
More Are Coming 35
More of the "Don'ts" 65

National University 133
Newspapers and Medical Men 82
New Departure 33
New Disease 102
New Medical Journal 86
New Society 4
New Therapeutic Measure 85
New Use for New Drug 36
New Use for Gold 21
New Vocation for Women 5, 150
New York Code 70
Note from Dr. Leach 152
No Rest for Animals 19

Obstetrical Manikin 101
Officers of the Medical Society 180
Old Dictionary 67
Opening Address, Columbian University 129
Original Matter 68
Our Greatest Need 6
Our Subscription List 118

Papain, Papine 36
Pepsin Fallacy 177
Pepsin Question 170
Pharmaceutical Agents 34
Photographs of Physicians 118
Photography, Astronomy 53
Physicians are Interested 81, 151
Pity 'tis, 'tis True 21
Pleasant Purgatives 102
Poem, Dr. Robert Reyburn 136
Poisonous Tablets 16
President of Medical Society 184
Prevailing Diseases 161
Prize Essays on Alcohol 134
Professional Advertising 34
Profitable Orders 148
Profits of Medical Journalism 102
Prominent Physicians in New York 130
Prospectus 1
Prosperity of Our Colleges 132
Prosperous Career 84

Protective Collection Agency 131, 183
Public Exhibitions of Hypnotism 2

Question of Fees 83
Question of Finance 86

Race of Spitters 35
Reading Notices 38
Replacing Other Pepsins 178
Rest Cure 36

Sad Feature of It 18
Sadder Feature 18
Salutatory 1
Sanitation of Large Cities 118
School Examinations 81
Scientific Accuracy 184
Science and the Metals 4
Science and War 98
Senators and Sanitarists 6
Shall Women Smoke 50
Shepherd or the Sheep 51
Should Physicians Hold Patents? 147
She Does Not Mention Alum 151
She Paid Her Bill 180
Size of Brain and Mental Power 51
Some Additional Testimony 149
Something Wrong 19
Specialists 100
Specialism 134
Specialists Die of Their Specialty 185
Specify the Strength of Pepsin 178
Speculating With Science 4
Spicy and Newsy 152
State *vs.* the Doctor 84
Strong Pull 152
Sublime Gift 35
Substitute for Ergotole 152
Sullivan, a Paralytic 114
Suppression of Tuberculosis 51
Sure Cures for Cholera 147

Teaching of Medical Students 101
Tempted 148
Terraline Company 54
The Late Dr. Lundy 70
Their Relative Cost 177
Therapeutic Notes 54, 55, 71, 86
They Are Still With Us 35
They May Do Good 49
This is Not Homeopathy 69
Tobacco Habit 115, 149
Tobacco and Digestion 150
Too Much Medicine Given 100
Too Many Doctors 147
Too Many Physicians 115
Too Many Specialists 135
Too Much Like Keeley 131
To Induce Self-Hypnotism 50
To Rebo 152
To the Freshmen Medical Students 113
Training School for Nurses 38
Two Journals for Price of One 22

Value of a Pepsin 177
Value of Statistics 161
Value of Such Tests 151
Virchow and Evolution 53
Visit of Dr. Lee 162
Visited by an Angel of Mercy 18

17125

Visited by a Plague 18
Wash or Die 118
We Are in Danger 20
We Protest Against It 132
Well Supported at Home 54
What is Disease? 52
What Shall We Eat? 21
Where is the Trouble? 20
Who Shall Have the Honors? 135
Who Should Teach? 85
Why We Will Succeed 17
Will Women Be Bald-Headed? 178
Wise Editor 103
Women at Johns Hopkins 179
Word to Druggists 178
Worthy of Perusal 152

Zola as a Medical Writer 116

The Progress of Medicine.

Abdominal Tumors. Cause of Death 60
Acetate of Lead in Hemorrhage 89
Acute Dermatitis Following Quinine 59
Addison's Disease 59
Advice to Young Physicians 57
Alcohol as a Food 92
Alcohol and Insanity 92
Alcohol and Tobacco Poisoning 62
Alcohol, Its Therapeutic Value 74
Amputation of the Tongue 137
Anæmia Treatment 61
Anæsthetics 27
Antikamnia 174
Antipyrine in Epistaxis 156
Antipyretics, Three Leading 126
Antisepsis, Benefits of 13
Antiseptic Surgery in Paris 163
Remarks by Dr. I. S. Stone 163
" " " A. A. Snyder 164
An Open Letter 64
Aristol 122
Asaprol 14
A Successful Practitioner 73
Attic, Disease of 40

Balsam of Peru in Surgery 108
Benign *vs.* Malignant Growths 190
Biblical Medicine 43
Bichromate of Potash, an Expectorant 106
Bicycle Exercise 28
Book Reviews 111, 112, 127, 128, 143, 144, 159, 160, 174, 175, 191
Bovinine, Formula for 40
Brains and Inches 92
Brain Capacity 88
Brain-Work and Blood Supply 154
Brilliant Children 93
Bromidia 172
Brooklyn *Medical Journal* 123
Burns 154

Cæsarian Section 63
Camphoric Acid, Night Sweats 29
Cancer of the Uterus, Treatment 107
Cannabis Indica, Value of 157
Capital Punishment 26
Catarrh, Incipient 122
Cataract Operations 45
Catarrhal Gastritis 79
Cellulitis, Pelvic 126
Chicago, Sanitary Condition of 31
Chloralamid 44
Chloride of Gold and Snakes 91
Chloroform in Labor 106, 156
Chloroform Narcosis During Sleep 158
Cholera Infantum 75, 87
Cholera, New Treatment 169
Remarks by Dr. A. F A. King 170
" " " W. W. Johnston 170
" " " J. Ford Thompson 171
" " " Elmer Lee 171
" " " W. M. Ward 171
Cholera, Treatment 123
Clinical Obstetrics in the District of Columbia 186
Coca and Its Applications 176
Cocaine Poisoning 78
Cocillana 172
Consultations with Department Physicians 56
Craniotomy on the Living Fœtus 188
Craniotomy, Recovery After 76
Curette 90

Danger of Infectious Diseases 191
Deafness, Relief of 79
Death, Determining Cause of 10
Defense of the Opium Habit 107
Delirium Tremens, Treatment 109
Dermatitis *vs.* Scarlet Fever 59
Deviation of Septum 94
Destiny of Man 187
Diaphtherin 141
Digestion of Starch by Papoid 119
Diphtheria, Local Origin of 12
Treatment by Chlorine Water 11
" " Paraffine 12
" " Vapors 12
" Dr. Reyburn's 12
Prevention of 31
Treatment 110, 121
Double Ovariotomy, Pregnancy 109
Do Benign Tumors Become Malignant 60
Drunkenness, Cure for 15
Dunn, the late Dr. 57

Ectopia Testis 104
Educational Gymnastics 94
Electricity in Pelvic Troubles 126
Elixir of Life 95
Empyema, Treatment 75
Endometritis, Chronic 125
Endometritis, Treatment 44, 46
Epilepsy, Prognosis 29
Epilepsy, Treatment 72
Erysipelas, Treatment 122
Europhen 122, 141
Europhen in Nasal Affections 62
Every-Day Therapeutics 105
Exanthematous Diseases 153
Expectorants Are There Any 42
Expulsion of Gall Stones 106
Eye, Ear, Nose, Inflammation of 73

Eye Strain ... 79

Femur, Fractures and Treatment of ... 40
Food, Stimulating ... 30
Foods We Eat ... 91
Forensic Medicine ... 24

Gall Stones ... 58
Germicides, Internal Use of ... 15
Glucose in Urine ... 106, 189
Gout, Treatment ... 46
Growth of Fibroids After Menopause ... 111
Gynæcological Technique ... 95

Headache and Cold Water ... 44
Headache, Treatment of ... 44
Health and Morality ... 30
Heart-Clot, to Combat ... 120
Hemorrhage from Tonsil ... 95
Hemorrhoids, Treatment of ... 32
Hospital, Eye, Ear, Throat ... 27
Horny Granulations ... 25
Hypnotism, Death from ... 29
Hypnotism, Value of ... 155

Ichthyol, Surgical Uses of ... 141
Ideality of Medical Science ... 120
Inebriates, Are They Curable ... 26
Inebriates and the Insane ... 26
Inebriety, Specifics for ... 155
Infant Feeding ... 39, 77
Infectious Diseases ... 107
Inflammation, Nature of ... 45
Influence of Posture ... 93
Influenza ... 26
Influenza, Treatment of ... 13 30
Insomnia and Its Treatment ... 91
Intrapelvic Inflammations ... 123
Intoxicating Drinks ... 29
Irrigation of Wounds ... 109
Is Alcohol a Food? ... 62
Is Craniotomy Justifiable? ... 61

Keeley Cure ... 32, 125

Labor, One Thousand Cases ... 109
Lachrymal Obstruction ... 77
Lactation and Pregnancy ... 30
Lactation, Prolonged ... 20
Laparotomy ... 45
Laparotomies, Dr. Joseph Price ... 111, 124
Laparotomies, Dr. Tabor Johnson ... 111
Larynx, Edema of ... 13
Legal Test of Insanity ... 110
Library, Surg. Gen'l's Office ... 26
Lung Fever, Treatment ... 42
Lysol in Cholera ... 110

Malignant *vs.* Benign Growths ... 164
Remarks by Dr. C. W. Brown ... 164
" " " J. Ford Thompson ... 164
" " " D. S. Lamb ... 165
" " " A. F. A. King ... 165
" " " J. W. H. Lovejoy ... 166
" " " Ballock ... 166
Opinion of Prof. Gouley ... 166
Mastitis, Prevention of ... 72
Man Who Knows It All ... 121
Medical and Surgical Society ... 154
Medical Colleges, Too Many ... 120
Menstruation After Removal of Ovaries ... 141
Menstruation, Painful ... 122
Mental Derangement at Puberty ... 45
Metric System ... 43
Metrorrhagia ... 156
Microscope in Diagnosis ... 10
Morphine, Fatal Dose of ... 10
Poisoning ... 9
Poisoning, Diagnosis ... 10

Nasal Disease and Surgery ... 80
Nasal Douche ... 74
Nasal Polypus ... 45
Nervous Exhaustion ... 46
Nervousness ... 158

Obesity, Treatment ... 30
Obscure Diseases ... 29
Odorless Iodoform ... 106
Operating on Throat, Too Much ... 28
Operation for Strangulated Hernia ... 189
Operations by J. Ford Thompson ... 59
Operations in Pus Cases ... 89
Ophthalmia, Purulent ... 27
Opium Poisoning, Treatment ... 9
Opium Slaves ... 27
Ourselves and Our Surroundings ... 186
Ovaries, Removal of ... 31
Over-Pressure in Children ... 122

Papoid ... 172
Papoid in Intestinal Disorders ... 104
Paraplegia ... 153
Passage of Gall Stones ... 58
Pepsin ... 126
Perkinism ... 72
Peroxide for Wounds ... 156
Peroxide of Hydrogen Question ... 187
Phenate of Cocaine ... 105
Phenacetine ... 190
Physical Exercise for Women ... 155
Pin Sensations in Throat ... 96
Piperazine ... 46
Pneumonia, a Specific Disease ... 41
Antipyretics in ... 41
Can It Be Aborted ... 41
Sustain Heart in ... 41
To Abort ... 189
Manner of Death in ... 119
Treatment ... 14
Position in Parturition ... 105
Post-Partum Hemorrhage ... 95
Prospects for Young Physicians ... 57
Pruritus Anus ... 32
Psychical State of Berkman ... 155
Puerperal Fever, Treatment ... 158
Pure Air of the Potomac ... 110

Radical Cure for Hernia ... 190
Rat tail Sutures, Preparing ... 25
Recovery After Craniotomy ... 92
Recurrent Iritis ... 95
Relation of Aural and Nasal Affections ... 105
Renal Calculi, Treatment ... 157
Renal Calculus ... 155
Reputation Injured, Dr. Keeley's ... 124
Restoring Sunken Noses ... 143
Rheumatism, Treatment ... 15, 62
Rupture of the Uterus ... 167
Remarks by Dr. J. Ford Thompson ... 168

Remarks by Dr. W. P. Carr ---- 168
" " " H. D. Fry ---- 168
" " " I. S. Stone ---- 168
" " " J. Taber Johnson ---- 169
" " several Doctors ---- 169

Salol, Uses of ---- 31
Saloon ---- 121
Salophen in Rheumatism ---- 154
Salt of Quinine ---- 171
Sex of Fœtus ---- 108
Sexual Perversion ---- 139
Remarks by Dr. Acker ---- 140
" " " Bishop ---- 140
" " " Busey ---- 140
" " " Johnson ---- 140
" " " King ---- 140
" " " Magruder ---- 140
" " " Stone ---- 140
" " " Thompson ---- 140
Scirrhus of Pylorus ---- 92
Scientific Bacteriology ---- 142
Somnal, Therapeutics of ---- 28
Sore Nipples of Nursing Mothers ---- 190
Stammering, Treatment ---- 78
Sterilize Instruments ---- 191
Strontium in Nervous Affections ---- 26
Sulfonal for Bromide Potassium ---- 157
Surgical Shock, Treatment ---- 11
Surgery, After-Treatment in ---- 27
Surgical Cure of Catarrh ---- 90
Symmetrical Corneal Ulcers ---- 89
Syphilis or Gonorrhœa ---- 91
System of Heating ---- 150

Tablets, Poisonous ---- 28
Thiol, Ichthyol ---- 3
Tight Lacing ---- 7
Tonsils, a Sign of Disease ---- 4
Removal of ---- 2
Toothache, Treatment ---- 72
Tonsillitis, Salol in ---- 31
Trachoma, Treatment ---- 16
Triple Personality ---- 28
True Test of Physician ---- 104
Tuberculosis, Contagion of ---- 42
Limiting ---- 42
Treatment of ---- 42
Contagiousness of ---- 14
Prevention of ---- 14
Restriction of ---- 14
Transmissible ---- 31
Tumors and Cancers ---- 191
Turning of the Tide ---- 188
Tympanic Perforations, to Diagnose ---- 120

Uræmia, Pupils in ---- 11
Uræmic and Opium Como ---- 11
Urinary-Test Case ---- 189
Uric Acid Diathesis ---- 110
Uterine Appendages, Removal of ---- 27
Uterine Sound, Its Uselessness ---- 76
Uterus After Abortions ---- 94

Vaccination ---- 138
Remarks by Dr. Brown ---- 138
" " " Prentiss ---- 138
" " " Reyburn ---- 138
Value of Sputum Examinations ---- 60

Water-bed and Temperature ---- 30

THE
NATIONAL MEDICAL REVIEW.

VOL. I. WASHINGTON, MARCH, 1892. No. 1.

THE EDITOR'S TABLE.

We Introduce Ourselves.

We introduce ourselves to the editorial fraternity as an old friend who now returns to his first love. Just eleven years ago we began to try the fascination of journalism, as the editor and publisher of *The Microscope*. After nearly seven years of experience in this line the journal was transferred to others, and to-day it appears regularly the first of each month. We now launch another venture, and we can only hope for the same kind treatment we so universally received in the past.

What We Propose to Do.

The general character of our journal is fairly well illustrated in the present number. It is a journal for the busy practitioner. The chief duty of the editor will be to select the leading articles on medical topics as they shall appear, month by month, in the leading medical journals, and concentrate and digest them for the reader. The busy practitioner is the one who keeps best posted in current medical literature. The doctor who "has no time to read the journals" is usually the one who has the least professional work to do. A large manufacturer once said, "Take me to the busiest lawyer, because I wish my work done quickly." The busy practitioner always finds time to look over the latest and the best things in print. We accept "original communications" only with the understanding that we may condense and digest as we think best for the reader. However, short and concise opinions on any medical topic will be received and published under the usual restrictions. The editorial scissors will never be used. In a word, THE NATIONAL MEDICAL REVIEW proposes to present, on the first of each month, a concise review of medical literature as it has appeared in the leading medical journals of the preceding month.

The Present and the Future.

The size of our journal does not overpower the reader at once. But when it is understood that all its pages are written by the editor, and that this is the result of much reading, perhaps it will be seen the size cannot be well increased. We have some well formed ideas for the future, when, with editorial assistance, we can present a more formidable appearance.

Our Subscription Price.

While we cannot promise the largest journal published in this country for its price, yet we do promise to give to our readers, in the course of a year, at least one dollar's worth of concentrated and digested mental pabulum. We trust our readers will show their willingness to assimilate it by mailing to us the subscription price.

Our Advertisers.

We point with pride to our advertising pages. We wish it distinctly understood that not one of these pages is inserted free. They were each secured by personal effort and at regular rates. We desire also to state that in no case have we agreed to give a single reading notice.

However, we reserve the right, and shall frequently exercise it, of mentioning those drugs which appear to have new uses, as reported in some article which we may review. Whether this especial drug be represented in our advertising pages or not, will not enter into the question. We propose to be thoroughly independent.

Hypnotism and Mesmerism.

To us there is nothing amusing about the antics of a subject under the full control of the mesmerist. Hypnotism is a well established phenomenon. We know how it is done and what it can do. While it is wonderful, yet it is also frightful. It is no idle, silly story, that one person can completely control the will of another, and make the most astounding results follow the slightest suggestion. Children should not play with gunpowder. Men will not find it profitable to take copious libations of the unknown contents of a medicine bottle. The safe dose of nitro-glycerine is extremely limited, whether taken internally or applied externally. The man who experiments with hypnotism is handling gunpowder, poison, nitro-glycerine, an unknown and apparently unknowable quantity.

Hypnotism Regulated by Law.

All of which leads to but one conclusion: No person should be allowed to practice mesmerism unless he be found fully qualified so to do. This could be determined by his possession of a medical diploma, or by his ability to pass a medical examination. In other words, it should be declared unlawful for anyone to practice mesmerism or hypnotism, unless he is as thoroughly posted in the fundamental principles of medicine as is the average practitioner. A bill has already been introduced into the New York Legislature prohibiting public exhibitions and hypnotic treatments by any one except duly licensed physicians.

Public Exhibitions of Hypnotism.

But more than this: All public exhibitions of hypnotism, mesmerism, etc., should be positively forbidden by law. Suppose a person should give public exhibitions of the power of ether to suspend the functions of the brain! Would not there be a crowd of people always ready to go and hear what the subject might say during the preliminary stage of excitement? And would not the dazed awakening from the sleep furnish food for a gazing crowd? Or suppose the exhibitor should illustrate the power of cocaine as a local anæsthetic; and after injecting a drop of a solution under the skin, proceed to pierce and mutilate the parts! Would such public exhibitions be tolerated? But the public mesmerist is even more at fault. He is dealing with a force about which he knows little and can know but little. And yet, with this tremendous power he plays on the highest endowments of man, with uncertain and unknown final results. The medical profession should discountenance such proceedings and should do all in its power to place such forces within its own scientific domains.

Belgium Law Against Hypnotizing.

In Belgium hypnotizing is an offense against the law. If a person exhibits an individual hypnotized, he is liable to punishment by imprisonment for from two weeks to six months and by a fine of $5 to $200. If a person hypnotizes an individual under twenty-one years of age, and does not exhibit the hypnotized individual publicly, the penalty is a fine of $5 to $200. The penalty is much more severe if there is any intention of cheating the individual.

London Lancet on Hypnotism.

A current number of the London *Lancet* tells of a confiding person at Amiens who was recently robbed of a large sum of money by a traveling mesmerizer. In Belgium a "subject" remained in a state of unconsciousness for four days: "a condition of no infrequent occurrence," says this high authority. "Of the mischief arising from such practices (hypnotism, mesmerism) there can be no doubt, while any benefit which may be derived from them is very slight and problematical." But another journal goes still further and declares, "without hesitation, that if there can be obtained from hypnotism an absolute and unfailing cure for every disease with which mankind has been or ever will be afflicted it would be too dearly purchased at such a price."

The Keeley Cure.

There is something pathetic in the illustration given us by a large metropolitan daily, showing the long double lines of patients receiving treatment at the home office of the Keeley cure. Each face represents a man who is anxious to break from the habit which so thoroughly binds him. Will the Keeley Cure aid him in his efforts? This is a great question. It is certainly true that thousands upon thousands of people are ready to declare they have been restored to life and happiness by it. Some very interesting questions here present themselves for consideration: No boys or young men are admitted; only men of mature years, men who recognize they have a serious disease and desire to be cured. We are told these men are, as a rule, of more than average intelligence and social accomplishments. Now the questions arise: How much does the association with strong men, determined and almost desperate to be cured, have to do in establishing a moral purpose? How much does the colony at Dwight contribute in the way of moral support and fixed determination? On the other hand, how much does the so-called bi-chloride of gold have to do with the case? What efficacy in the secret formula?

Such little faith has the writer in the power of the "formula," that the conclusion forces itself upon us, that the secret of the cure is largely found in the determined colony at Dwight. Nothing could be more powerful than such an object lesson.

Dr. Keeley's Excuse.

Dr. Keeley's excuse for keeping his formula a secret is simply no excuse at all: "It is something I hold in trust for the wives and mothers of the world." He recalls the experience of Dr. Koch, whom he regards as "one of the great medical benefactors of this century." Dr. Koch "is now living in obscurity and almost disgrace," because he revealed the secret of his lymph; at least so says Dr. Keeley. "Were the bi-chloride of gold secret revealed my experience would be similar to that of Dr. Koch." It would seem that the doctor is already prophesying his own defeat. The real excuse lies in the fact that the doctor's income, at Dwight alone, is about $20,000 a week, while his total income must be reckoned, yearly, by the millions. There's millions in it,—the secret. If Dr. Keeley had a fractional part of the philanthropic spirit that should inspire every disciple of Esculapius, he would be only too willing to let his secret be put to the severest tests, in the hands of honest and skillful men. But the spectacle he now presents is most humiliating to every true physician. The end, however, may be nearer at hand than is generally supposed. Only a few days since the New York legislature passed a reso-

lution for the appointment of a committee to investigate this cure; the resolution states it is charged said treatment does more harm than good and the health of the state demands that the matter be fully investigated.

Modern Science and the Metals.

We are just beginning to realize what modern chemistry is doing for the manufacturing arts. The combination of nickel with steel for armor-plating, the use of phosphor bronze and of platinum are well known instances of the practical value of modern science. Take the case of aluminum. For this metal we have heretofore depended upon the Greenland cryolite, enough of which exists "to supply the world for a half century to come." But recently immense beds of bauxite, an hydrate of alumina, have been found in Arkansas and elsewhere, so that the supply is practically inexhaustible. In fact, we are told that 7 per cent of the earth's crust is composed of aluminum. When we consider its beautiful white color, its ductility, its lightness, its hardness and its small liability to tarnish, we can readily appreciate its value to instrument makers. Beginning as a mere by-product in the manufacture of soda, and secured at a cost of two dollars a pound, it was looked upon as something curious, and yet something very desirable. At one half that price it began to be used by the manufacturers, especially when lightness was much desired. But now we are told a process has been perfected whereby it can be obtained for thirty-five cents a pound, and the same authority asserts that within two years it can be purchased for twenty-five cents a pound. If all this be true we may soon expect a general use of this metal, and the medical profession will not be the last to avail themselves of the fact.

Speculating with Science.

In the early days when natural gas was just beginning to assert itself in the fields of Ohio, and Findlay, Fostoria, Tiffin and other places were beginning to realize what there might be in store for them, we listened to a lecture by the president of the American Association for the Advancement of Science in which he declared that the supply of gas was limited and as a business venture, therefore, any outlay based on the permanency of the supply would prove disastrous. In reply to this, however, instances were quoted where a single well had burned for many years with undimmed luster.

It seems at last that the scientist is getting the better of the speculator.

The supply of gas was gradually cut off from the largest factories, until rolling mills, foundries, glass and pottery factories, and hundreds of smaller concerns have had to close their doors. In fact, the careless and reckless waste of this precious fuel, and its limited supply, are teaching a hard lesson to thousands of people. There is sound philosophy in the science of medicine, and that physician makes a grave mistake who thinks lightly of the hard deductions of the biological and chemical laboratory.

S. P. C. C. A New Society.

Occasionally a great wave of tenderness rolls over the country, increasing in force as it proceeds until everything is caught up in its cyclonic force. At present this city is quite stirred over the terrible tales of the suffering street-car horse. In New York the special objects of pity are the horses on the Fifth Avenue 'bus lines. While these are not extreme examples of over-fed horses, yet they are not, on the other hand, living examples of the cruelty of man. Study for a moment the street-car horse and the street-car driver. Somehow the latter

has entirely escaped the attention of our watchful humane men. The horse has as good food and as much of it as the finest coach-horse in the city. He has warm shelter and a good bed. But he has to work! Does the driver have all these? He certainly has the work. But are his food, shelter and home surroundings always inducive to the highest comfort? Which is better, to work hard while in the cold air, as does the horse, or to be obliged to stand almost idle, as does the driver, with nothing to prevent or counteract the chilling effects of a piercing wind or storm? Yet one is a brute, the other a man! Surely the brute appears to receive the more attention. These people would feed the doctor's horse, while they let the doctor himself starve. They would blanket the mule, but let the driver of the cart freeze. Even lately we have had the spectacle in our city courts of several parties answering the charge of "cruelty to hogs." "The roof was not tight;" the poor animals were liable to get wet! Yet one man testified he took blankets from his bed and fastened around the pen of his hogs. Not a word about the protection of these needy human beings; but everything for their hogs. Soon we shall hear of a Society for the Prevention of Cruelty to Crows, and we will all be asked to knit stockings for their feet and mufflers for their ears! In conclusion, let us say we are in the heartiest sympathy with the legitimate work of all humane societies, yet that work should not be carried to such an extent that the doctor's horse becomes of more consequence than the doctor himself. The man is of more value than the beast; the mind is higher than the body.

New Vocation for Women.

The physicians of this city are being treated to the somewhat novel experience of an interview with a lady representing one of the most prominent manufacturing houses. Such a fact deserves more than a passing thought. It means a new field of labor for women; and we believe there is much to commend in such work. As these representatives remain from one to three months in a city; as they very generally register at the best hotels; and as their number of working hours is limited, it follows that the labor itself cannot be regarded as especially fatiguing. For a woman to succeed in this particular line, however, she must possess special talent and an unusual supply of good common sense.

Discouraged Already!

An exchange says that of all the multiplicity, the multitudinosity, of publications, daily, weekly, monthly, there are but six whose profits are over $200,000 a year. This is decidedly discouraging to a new medical journal!

Modern Divorces.

Under this heading a London paper gives its readers some sound logic. It argues that indigestion causes bad temper, irritability, peppery dispositions, domestic quarrels, separations, and—the divorce court. Of course it gives the remedy: keep the liver in active working order. The whole story, however, ends by announcing that Dr. Blank's liver pills are the very best in the market. We are glad that the relation between the liver and the law has been so closely defined by such competent authority!

Free Treatment for All.

We have before us the card of a young practitioner, who is a recent graduate of one of our best medical schools. The card informs us that anyone will be treated one month free of charge. While this card is hardly within the limits of a code of ethics, yet it has its superior in the announcement of an enterprising doctor who agrees to pay

"one-half the funeral expenses of all those whom I fail to cure!"

Senators and Sanitarists.

There is something of grim humor in the report of the sanitary experts on the sewerage and plumbing of the basement of the Senate wing of the Capitol. So soon as rumors of things unwholesome reached the proper authorities a "sanitary expert" was summoned from a distant State. This whole State is not much larger than the city of Washington, and certainly not especially noted for the immense stock of sanitary experts it has produced. But the expert came; he saw; and he was satisfied. He reports that he "sees no reason so long as the maintenance of the system is what it now is for apprehending injurious effects from the necessary continued use of these drainage and ventilation appliances as they now exist." "Important changes could not be made without for the time admitting the air of drains and soil-pipes into the building, *from which I believe it now to be absolutely excluded.*" This is certainly most reassuring. But another report is before us for our consideration; a report based upon a thorough examination of the sewerage and plumbing arrangements. This investigation was made under the direction of our own health officer. It revealed a most astonishing condition of things. We clip from the report of one local expert the following: "The water-closets, in many instances, especially in the basement, are such old-fashioned things as would not be used in the cheapest private houses. A bad sample of water-closets and connections is found near the boiler rooms, where several fixtures discharge into a brick receptacle, into which the blow-off from the boilers also discharges. As there is about fifteen inches of excremental filth always deposited here, the effect of discharging hot water into this mass may be better imagined than experienced. We found an ice-box and refrigerator connected with the sewer, a practice condemned by every sanitary writer and prohibited by legislation throughout the land. The surface drains are unprotected by deep water seats, and in several instances one trap is made to serve several fixtures. A grease trap in one of the store-rooms, a steam box connected with the trap of a kitchen sink, and the general character of the plumbing work in the kitchen furnish instances of old-fashioned connection with which the present generation of plumbers are unfamiliar."

Another local expert reports as follows:

"The closets in the sub-basement are of old style and without ventilation, the connections from them emptying into a brick cess-pool or trap about three feet square, located in the passage. Upon examination of this it was found that the excrement and filth from the closets is here deposited, this being subjected to the steam and vapors discharged when the boilers are blown off. The noxious odors occasioned by this agitation can readily be imagined.

"The closets for the public, located in the basement, seven in number, are unventilated and untrapped, excepting the one trap on the soil-pipe some distance off."

Two lessons we may learn from this. First, it is not necessary to go away from home for sanitary experts; and, second, even the elevated position of a United States Senator is not beyond the reach of noxious odors and sewer gases.

Our Greatest Need.

What do the people of the District of Columbia most need? A law to regulate the practice of medicine. If the medical profession fail in their efforts

to supply this want, then, as a matter of self-protection, the people must rise up and demand relief.

Hospital for Contagious Diseases.

Many reforms have been inaugurated and brought to a successful conclusion by the enterprise and persistence of the public press. But it does seem, at first glance, to be a work of supererogation for our daily journals to inaugurate and advocate a movement toward erecting a hospital for contagious diseases. It is almost a reflection on the alertness of the medical profession of the city. It is certainly true that the admirable editorial in the *Post* of February 20th should awaken us all from our apparent lethargy in this matter. The *Post* rightly puts it when it declares that "there is no reason why Washington should lag so hopelessly in the rear of the march of civilization." It is a subject that requires no discussion. The simple question is: What will each of us do to forward the good work? Thanks to the *Post* for telling the story so well. The REVIEW now takes it up.

The Legal Liability of Hospitals.

On the 16th of last month the Court of Common Pleas of New York added another decision to the interesting question of the legal liability of hospitals. The question, in brief, is: Is a hospital corporation legally responsible for injury to a patient? In one case the suit was brought against the Manhattan Eye and Ear Hospital. The plaintiff's eye was operated upon at this institution, and he showed that the after-treatment was not of a proper character. As a result there was entire loss of sight from the eye. The first trial resulted in favor of the plaintiff; but the General Term of the Supreme Court reversed this decision, holding that no cause of action had been made out. The position of the Court was this: Inasmuch as the corporation had exercised all proper care in the selection and appointment of the physicians of the institution, it, being a public charity, was not liable. To recover against the hospital it must be proved that there was an omission to exercise due care in the selection of the persons in its employment. In the case just decided, the plaintiff's son was treated for an injury to his thigh, and owing to the alleged negligence of the surgeons of the institution, the Society of the New York Hospital, there was not a good recovery. The hospital authorities simply showed that they were a public charity and that they had used all possible care to select competent physicians and surgeons. Upon this showing alone the court dismissed the complaint. It is said that the Court of Appeals of New York State has never had a case involving this question before it, but there are a number on the way. It is a subject of much interest to a large number of medical men.

The Death of Dr. T. W. Wise.

On the 17th of February, Dr. Thomas W. Wise, of this city, passed away. Dr. Wise read medicine under the late Dr. James E. Morgan, and was graduated from the Georgetown College in 1866. In 1870 he was appointed assistant surgeon in the United States Army, and detailed as assistant librarian of the Army and Navy Medical Museum. This position he held at the time of his death. He will be missed not alone by his more intimate friends, but by all who frequent the library rooms he had in charge. His genial and courtly manner made his acquaintance a pleasure, while his prompt and cheerful offers to render aid made a visit to these halls a double pleasure.

His kindness and gentleness, mingled with true manliness, impressed themselves upon all who came in contact with him.

Dr. Robert Bartholow.

The many friends and admirers of the brilliant Prof. Robert Bartholow will be pained to learn that his mental difficulty has assumed a more serious form, and that his recovery is extremely doubtful. He has a wide and justly earned reputation as a clear, thoughtful writer and an eminent teacher. While the mental powers of the author may fail, still his writings will endure. It is sad that so heavy a cloud must rest over such a brilliant intellect at a time in life when its power should be the strongest and best.

HERE AND THERE.

There are several positive "cures" in full blast in our city.

But there is no danger of a lack of material. The fountain still throws its head as high as ever.

Dr. A. L. Gihon, of the U. S. Navy, delivered the address at the opening of a new hospital at the University of Michigan. The hospital was completed at an expense of over one hundred thousand dollars.

A medical professor has been recently expelled from the College of Physicians and Surgeons of St. Louis for introducing, in a professional way, a doctor who was not all the law requires so far as advertising is concerned.

A law student at the University of Michigan has been recently expelled because he persisted in taking the lectures of the professors in short-hand, and then selling type-written copies to the students. It is intimated that the professors did not like the way their lectures read.

The medical student should beware and not be caught in the same way. Or if he makes the attempt, he had best be careful and omit the jokes and stories. They often come in the identical place year after year.

The price-list of Dr. Squibb is a puzzler to many a young as well as old practitioner. The metric system is both convenient and comprehensible. But how many physicians are familiar enough with it to appreciate Dr. Squibb's price-list without exercising some hesitation, at least?

It would be a great relief to the physician if the druggists could agree upon some basis whereby the prices of prescriptions could be more uniform. The patient too often finds that he can get his prescription filled at one store for one-half or one-fourth the amount charged at another. Such instances are altogether too common.

"No two druggists will make the same prescription look and taste alike," said a patient to the writer. This is not literally true, but there is truth in it. The remedy at present rests with the physician. He may yet be obliged to specify for each article what manufacturer's preparations are to be used.

A recent writer announces "the important discovery" that in the majority of cases the nose is not in the center of the face. Where has this observer been in hiding all his years? A good square look at any company would have convinced him years ago. The discovery has been discovered thousands of times by untold thousands of people.

Electrocution is about as complete a success as are some of the brilliant operations of our bold modern surgeons. The modus operandi is a complete success, but "death is almost instantaneous and painless!"

The public knows too much! After prescribing a bottle of Carlsbad salts for a patient, we were informed some weeks later that he had prescribed the remedy himself in seven cases.

A professor in a Medical College is described as "displaying a tendency toward sociability with his clinical patients which, though amusing, perhaps, to students, is not always enjoyed by the objects of his witty and jovial remarks." This "tendency toward sociability" is well matched by a Washington correspondent, who thus writes of a society belle: "Her hair is of that peculiar auburn shade which under no circumstances could be called red."

They are coming! The Children's Hospital at Shadwell, England, has recently appointed a lady as assistant consulting surgeon.

Dr. T. Mitchell Prudden recently defined the word "contagion" as an "invasion and reproduction within the body of pathogenic microörganisms." The old distinction between contagion and infection is impracticable and valueless.

"A newspaper man" of this city recently addressed a letter to the *Journal of Ophthalmology*, asking why, in cataract operations, the clear lens of a healthy pig is not inserted in the place of the cloudy one removed. And if not, why not?

THE PROGRESS OF MEDICINE.

Dr. Wood on Morphine Poisoning. In a recent criminal case in New York City, Prof. Horatio C. Wood of Philadelphia testified as an expert. Much of the testimony was unusually interesting, especially that part which related to the diagnosis of morphine poisoning. Dr. Wood was asked:

In your opinion, is it possible positively to diagnose morphine poisoning by the symptoms alone? A. Not with positiveness, sir.

Q. Upon what do you base this opinion, and can you, from your experience, give any cases illustrative of that opinion? A. I base my opinion partly upon wide reading of the literature on the subject and what seems to me the general consensus of professional opinion about it, and partly, very largely, I may say, on my own experience. Some years ago, before the introduction of trained nurses in the hospitals of Philadelphia, the nurses were taken from the patients' numbers. Some of those nurses were taken from women of bad character, these being more intelligent than the ordinary ones, and others in the hospital were made nurses. I went into the ward one day and found that one of the nurses had poisoned one of the patients, that the symptoms had occurred shortly after the administration of a dose of medicine by one of these nurses. I found symptoms that I could not distinguish from opium poisoning. I worked with the patient for several hours, using the regular remedies for cases of opium poisoning, but she died. We made an autopsy within a few hours, and it was plainly recognized that the patient died of serous apoplexy and not of opium poisoning at all.

Treatment of Opium Poisoning. In the criminal case referred to, the attending physicians refused to use the stomach pump, or to give an emetic, owing to the low condition of the patient. They feared that the simple introduction of the stomach pump would result in immediate death. On this point Dr. Wood testified as follows:

Q. What, in your opinion, should be done in regard to freeing the stomach from drugs? A. My opinion is that if a physician is called for a case of opium poisoning, the first thing to do, unless the patient is in articulo mortis, is to get the poison out of the stomach in some way.

The Court—What do you mean by "some way"? A. I don't remember any case in which we were unable to get the poison out. I should favor the use of emetics or washing out the stomach freely with water.

The Court—But might there not be a case in which the stomach pump would not move the poison? A. Not unless it is a case of solid opium.

Q. But assuming that the respiration is very much lower than normal when the physician arrives, say two or three a minute? A. That is what I suppose ought to be done. I once was shown a case where the physician had pronounced the person dead. She had taken seven grains of morphia. I simply seized her, carried her out of the crowd surrounding her, threw her down on the floor and began artificial respiration. When the carbonic acid which had accumulated in her blood was driven out, the emetics which had been previously given her drove the poison out of her stomach. And I believe that that would almost always occur. I believe that just as soon as the respiration returns the physician ought to wash the patient's stomach out. It is absolutely essential to give the patient a chance of getting the poison out of the stomach.

Value of the Microscope in Diagnosis.

The following interesting case was related in the court room by Dr. Wood: At an autopsy conducted by Prof. Da Costa the heart was examined in a strong light, and the Professor had it written down on his notes as a perfectly healthy heart. When Dr. Wood took it home and examined it under a strong microscope, he discovered that it was in the last stages of degeneration. This Dr. Wood considered proof that organs might be apparently healthy and still not be. The court inquired whether a microscopic examination would reveal this unsoundness of which the doctor was so positive. The doctor "allowed" that it would.

Determining the Cause of Death.

Quoting again from the testimony of Dr. Wood concerning the value of an autopsy in determining the cause of death, he said he had practiced surgery some years ago. He had taken a patient's leg out of a splint, congratulated her on her recovery, and left her. Two hours after he found her comatose, with failing heart, some vomiting, falling temperature. "She died," he said, "in spite of my treatment, in three hours, without recovering consciousness."

The doctor made a thorough autopsy within a few hours, but could find no cause of death. He wasn't sure whether he had made a microscopical examination or not. Yet he knew certainly that persons could die from poisons inside of the body and leave no traces that can be secured by post-mortem examination; also that poisons could be generated in the inside of the body, and that therefore an autopsy could take place without revealing the cause of death.

Fatal Dose of Morphine.

In the recent criminal case, to which we have already referred, Dr. Charles A. Dana, President of the American Pathological Society, was called as an expert. He was asked: What, in your opinion, in uncomplicated cases and with medical treatment, is a fatal dose of morphine? A. Seven or eight grains, or over.

Q. And without treatment? A. About five grains.

Diagnosis of Morphine Poisoning.

The testimony of Dr. Dana, on this subject, is especially interesting.

Q. Take uræmic coma, coma from morphine, hemorrhage in the brain, fracture of the skull, meningitis, epileptic coma, unknown poisons and unknown causes of death and combinations. Are all these known in some cases to simulate poisoning by opium or morphine? A. They do. In all cases when a person finds a patient suffering from opium coma he has to bear in mind the possibility of this being produced by some of the other things you mentioned, more particularly, I think, a hemorrhage in the brain or some part of it, or uræmic coma, uræmic poisoning and alcoholic coma. Those probably are the things most frequently mistaken for opium poisoning.

Q. And in regard to hemorrhages in the brain, which kind of hemorrhages are most common which simulate opium or morphine poisoning? A. I have seen hemorrhages in what are known as the ventricles or cavities in the brain produce symptoms simulating

very closely opium poisoning; but the most common form of hemorrhage in the brain which produces symptoms like it is hemorrhage into the pons, the lower part of the brain.

Q. Doctor, within your own experience and knowledge has it occurred that hemorrhages in the pons have been mistaken for opium or morphine poisoning? A. It is within my knowledge and reading that a number of cases of hemorrhages in the pons have been mistaken for opium poisoning, and in some of the cases the stomach has been washed out on that theory. In one case particularly three medical men agreed that it was opium poisoning and treated it for that. It turned out to be a case of hemorrhage in the pons. I have not myself seen a case of hemorrhage in the pons which exactly simulated opium poisoning.

Uræmic Coma and Opium Coma.

Dr. Dana further testified: Q. In regard to uræmia and uræmic coma, have you seen cases of that? A. I have, a good many hundred cases.

Q, Can it, in your opinion, ever simulate morphine or opium poisoning? A. It can. I have in my personal experience seen a case where a young woman, while in fairly good health, was suddenly taken with a slight convulsive twitching which lasted a few minutes; then she went off into a condition of deep coma, with symmetrically contracted pupils and respiration down to five a minute, ranging from five to seven, a condition in which also her pulse was fairly good. The skin, as I remember, was pale, and she continued in that condition several hours. She finally died, and it was found that there was trouble with the kidneys.

Contraction of Pupils in Uræmia.

Dr. Dana testified that he had "seen cases with contracted pupils, and I know that my experience in my own division of Bellevue Hospital shows that in a certain proportion of cases the pupils in uræmia are symmetrically contracted. I do not mean in all cases, nor in a majority of cases, but they certainly are contracted in some cases, and I know that is the teaching of some medical authorities who have had a larger experience than I in that particular branch."

Treatment of Surgical Shock.

Dr. J. H. Packard of Philadelphia read a paper on Surgical Shock at the annual meeting of the Medical Society of New York State, on February 2d, 3d, and 4th. He believed alcohol was sometimes harmful in these cases, although at times it appeared to give relief. External heat was a valuable means of treatment. Dr. L. S. Pilcher of Brooklyn suggested the use of the 1-100 of a grain of nitroglycerin, hypodermically, every hour or two, as a most valuable means of overcoming shock. Dr. R. F. Weir of New York also spoke of the hypodermic use of nitroglycerin, but in larger doses, 1-25 of a grain; also the 1-25 of a grain of strychnine hypodermically; and rectal enemata of hot water. Dr. R. T. Ulonis of New York endorsed the above treatment, and added further as a valuable means of treatment the inhalation of nitrite of amyl, until there was flushing of the face. Incidentally the question of immediate operation after injury was mentioned by the author of the paper. He said, "the propriety of operating in the presence of shock, as in the case of accidents, had long been questioned; such a procedure seemed to check or prevent reaction, and death was often the result." That there is still a difference of opinion on this subject is well illustrated by the interesting discussion on the subject at a recent meeting of the Medical Society of this city. A report of the proceedings of the New York Society is found in the New York *Medical Journal* for February 20th.

Diphtheria, Chlorine Water Treatment.

Dr. A. Seibert of New York reports fifty more cases of diphtheria treated by the deep injection of fresh chlorine water through the diphtheritic membrane into the inflamed mucosa below. Dr. Seibert injects about fifteen drops into each spot, and, according to the extension of the disease, as many as six or eight injections are made in one sitting. Some of the good results following the injections of chlorine water are a disappearance of the membrane, lowered

temperature, improved heart action and better subjective symptoms. The mortality of eighty-one cases of diphtheria treated after this method is about 7½ per cent. In commenting on the success of this treatment, Dr. Hold said he had come to the conclusion that the drug treatment of diptheria was a failure, and that such treatment as suggested by Dr. Seibert is in the right direction. He believes that diphtheria is first a local, and second, a constitutional disease. Therefore, it is rational to attack the local disease vigorously. A discussion can be found in full in the February number of the *Archives Pediatrics*.

Treatment by Paraffine.

But what are we to say to this somewhat difficult treatment when the Surgeon to the Gloucester Infirmary of London informs the *Lancet* that he has treated thirty cases of diphtheria with paraffine, and that every one of these recovered. He simply scrapes off the diphtheria patches and applies the paraffine every hour to the throat with a large camel's-hair brush. As a rule he says the throat gets well in from twenty-four to forty-eight hours. As the throat improves the paraffine is applied less frequently, but its use is continued two or three days after the disappearance of the patches. If this could be relied upon, it is certainly much more easily carried out than the treatment of Dr. Seibert, especially in the case of young children.

Treatment by Vapors.

Dr. Martindal of Port Richmond says that a sure cure for diphtheria is an atmosphere containing the vapors of tar and turpentine, if treatment is begun before the disease has become constitutional. Of twenty-four cases treated in this way he has lost but one, which he saw in consultation on the fifth day from the development of constitutional symptoms.

Dr. Reyburn's Treatment.

Dr. Robert Reyburn of this city has had twenty-five cases of diphtheria during the recent epidemic in Washington, D. C., all of which recovered under the following treatment: A solution of one part of bichloride of mercury to five hundred parts (1–500) of water, was applied in the form of a spray (by an atomizer) to the fauces and tonsils every hour. At each intermediate half hour an application was made, by means of a throat brush, of a solution containing twenty grains of hydrate of chloral dissolved in a fluid ounce of glycerine. During the first twenty-four hours after being called to the case, sulphate of quinine was given in full doses, and after that was alternated with tincture of chloride of iron. Inhalations of steam were also used, and liquid, nourishing diet, with moderate doses of stimulants.

The Local Origin of Diphtheria.

If the present theory advocated by many famous men that diphtheria is of local origin, then many interesting questions must be answered. How account for the period of incubation which precedes local manifestation? If the local theory be correct, then the removal of the cause, or the exudation, will effect a cure. But is it found wise to remove this exudation? No, it should not be disturbed. The treatment of Dr. Seibert of New York is inconsistent. The submembranous injection of chlorine water amounts to just this: The solution is rapidly carried away from the parts by the blood and absorbents, while the half-dozen punctures of the needle make so many separate openings for infection. The writer's theory is that diphtheria is a distinct, acute, infectious disease, produced by certain bacilli or germs which gain access into the blood; produce certain symptoms; and select for their elimination and local manifestation the mucous membrane of the fauces. The treatment should be the same as for any other self-limited febrile disease—tonics, nourishment and free use of stimulants. Keep the membrane as aseptic as possible by spraying with the peroxide of hydrogen. For the same reason the atmosphere of the room should be kept saturated with the vapor of eucalyptol, carbolic acid and turpentine. These views are advanced by Dr. S. J. Benson of Chatham, N. B., in the *Canadian Practitioner* for February.

Benefits of Antisepsis.

We cannot even yet fully comprehend and appreciate the great benefits to humanity from modern antisepsis. "Why," said one of our surgeons recently, "I never think of losing a patient after an amputation. The thought no longer occurs to me that they will not recover. They all do recover." It is computed that over one hundred lives are saved annually in Prof. Tarnier's ward alone, in Paris. Here puerperal fever is now unknown, yet not so very many years ago the professor witnessed five deaths in one day from that dread disease. The only question is, what method is best to render the dressings, instruments, etc., aseptic. Von Bergmann has abandoned antiseptic solutions, and thinks their efficacy has been greatly overestimated. He first insists on thorough mechanical cleansing, and then sterilizes by moist and dry heat.

Hemorrhage after Tonsillotomy.

It is certainly surprising to hear some surgeons declare there is absolutely no danger of hemorrhage from excision of the tonsils. The fact is, there is danger, and a possible danger of great seriousness. We never think of performing this comparatively simple operation without having close at hand some of the more ordinary means for controlling bleeding. The surgeon should remember also that tonsillotomy has given rise to an uncontrollable hemorrhage, which required at last the ligation of the common carotid artery. As a very general rule, however, the hemorrhage is not severe enough to require attention; especially is this true if the attempt is made to remove only that portion of the tonsil which projects beyond the faucial pillars. If the bleeding is too free, rinsing the mouth with ice water, or holding a piece of ice on the cut surface will often cause the flow to cease. Prof. Ingals of Chicago once told the writer that a severe hemorrhage after tonsillotomy would very generally cease upon the occurrence of syncope. In view of this danger of hemorrhage, it seems to us a very unwise practice to remove a tonsil in an acute stage of inflammation, although such a practice has been recently advocated. In marked tonsillar hypertrophy we should hesitate before performing an amputation. Here the galvano cautery comes in to do some of its best work. Deep punctures into the base of the tonsil with a knife electrode not only make some destruction of tissue, but also cut off no small amount of blood supply. After a few such treatments the tonsils will often materially diminish in size. At any rate, even if tonsillotomy is contemplated, the above treatment must certainly diminish the probabilities of a hemorrhage.

Treatment of Influenza.

In the treatment of this disease, physicians have found that the cold tar antipyretics have not done so well as in previous years. This is accounted for probably by the fact that the present most prominent symptom is depression rather than pain. As these remedies promptly relieve the pain but markedly increase the depression, the reason for their decline is apparent. The better treatment this season is the administration of camphor, or appropriate ammonia salts, followed by tonics, including nux, or its alkaloids. This is about all that is necessary in the disease, so says Dr. C. F. Taylor of Philadelphia.

Acute Edema of the Larynx.

In the *Medical News* for February 6th is a very able article on acute edema of the larynx, by Dr. J. H. Bryan of this city. Dr. Bryan first gives an interesting history of a case under his own observation, and follows this with a full account of the literature of the subject. The symptoms of this affection are as follows: the patient complains of a sensation as of a foreign body in the throat, which he attempts to remove by swallowing and by the insertion of the finger in the throat; deglutition is painful and difficult; the voice is altered in timbre; dyspnœa is always present, accompanied by a whistling sound. The diagnosis is not difficult as determined by the laryngeal mirror. In the absence of a mirror, the index-finger can be used to explore the parts.

By the prompt practice of scarifying the swollen parts, and by the early performance of tracheotomy the prognosis is not so grave as it formerly was. The treatment must be prompt and of a local

character. If scarification does not relieve the edema, and if the dyspnœa increases, then tracheotomy should be performed.

Prevention of Tuberculosis. Dr. Edward G. Janeway recommends (1) that each physician should have certain rules for the management of individual cases, said rules having received the sanction of those best informed on the subject; (2) that physicians report all cases of tuberculosis coming under his care to a central authority, which would issue rules for the guidance of those attending these patients; and (3) that inspectors should be employed to inform and instruct the patients and their friends as to the manner in which these measures were to be carried out. Only the first two indications can be carried out at the present time, however. Among the rules or suggestions given by Dr. Janeway are the following: The proper manner of disposing of the sputum and other discharges; the necessity of cleanliness of the mouth; the danger of healthy persons occupying the same room with the sick; and how the room should be purified. Special attention should be directed to health resorts.

The Restriction of Tuberculosis. Dr. Charles Currier discourses on the origin and restriction of tuberculosis in an interesting paper found in the New York *Medical Journal* for February 20th. In speaking more particularly of the restriction of this disease he confirms the general testimony that cleanliness is the great watchword of success. The value of fresh air as a germ destroyer is but little appreciated. The general public should be taught the results of our studies, as follows: Keep clean; do not spit upon the floor or on the ground, and do not allow others to do so; burning destroys all the harmfulness of expectorated matter; clothing and other articles used by consumptives are easily sterilized by boiling in water for fifteen minutes; abundant fresh air is a valuable purifier.

Contagiousness of Tuberculosis. Dr. E. G. Janeway relates the case of a child, two months of age, who was kissed by a visitor who was suffering at the time from pulmonary tuberculosis, with cavities in the lungs and bacilli in the sputum. The child became infected with tuberculosis, which was fatal within two months. Dr. Abraham Jacobi declared that one very likely source of infection in infants is the use of unboiled milk for their food. Dr. Roosevelt thought a great point would be gained if the public could be instructed in the "art of spitting." Dr. C. G. Currier thought that heredity played an important part in the causation of tuberculosis. He noted the fact that while children spend most of their time crawling about on the floor, and are thus especially exposed to inhalation of tubercular dust, yet tuberculous infection in infants most commonly starts in the glands, bones, or intestinal tract. Of 275 nurses exposed to infection of tuberculosis only two had acquired the disease in a period of twelve years. Dr. Alfred L. Loomis declared that it was the nasty American habit of expectoration that was largely responsible for the terrible ravages of the disease among us.—*From Report of Meeting of New York Academy of Medicine*

The Treatment of Pneumonia. Dr. Greene of Red Cliff, Col., gives his treatment of pneumonia in the *Medical Record* for February 6th. He bases his treatment on the fact that observation has convinced him that his patients needed oxygen in this disease, and they wanted it repeatedly and abundantly. Therefore, it occurred to him that peroxide of hydrogen would meet these indications. He has found it an exceedingly valuable remedy in all affections of the lungs, in which it is desirable to dissolve the secretions. It appears to be absorbed into the blood and the oxygen exhaled through the lungs. When properly administered the disease will fade away in from twenty-four to forty-eight hours, and no crisis will occur at all. The object to be gained is to start the patient with the medicine as soon as possible, and then to keep him exhaling it through the lungs. The doctor prescribes the peroxide in doses of from one to three teaspoonfuls, well diluted, once every three minutes for an hour or more. The same dose may be continued

every few hours or every hour until the patient is convalescent. The only effect from it is an occasional nausea and vomiting. In such cases decrease the dose and increase the amount of water given with it. In the case of young children it is well to crowd the remedy until vomiting is produced. To control the fever the doctor prescribes Acetanoilid or Phenacetin. The writer reports 157 cases treated on the above plan. In these, 154 made good recoveries.

The Internal Use of Germicides.

In these enthusiastic days of germ theories and germ remedies it is rare to find a practitioner who has not employed some germicide internally for the destruction of germs of some disease. Some of the results reported have been prompt and satisfactory, while in many cases results have been entirely negative. The question is, What is the use and limitation of germicides? Dr. J. J. Berry discusses this question in a very able paper in the *New England Monthly* for February. The writer of the paper concludes that in most cases of systematic infection the internal use of germicides is valueless; that is, they possess no curative properties. They appear to have some use in acute gastro-intestinal diseases and are of some value in those of a more chronic nature. He further states that systematic as well as local disinfection is effected far better by eliminatives than by germicides.

Acute Rheumatism and Its Treatment.

A number of years ago the editor of this journal asked an old practitioner the best remedy for acute rheumatism. The doctor replied, "two weeks," thus telling in brief his lack of confidence in all drugs in the treatment of this disease. But times have changed and now the disease is attacked with much more confidence. Dr. Tyson of Philadelphia says that the drug which is responsible for this feeling of confidence is salicylic acid. At the present time the salicylate of sodium is most generally used. It should be given in doses sufficient to produce the peculiar ringing in the ears. To do this in the adult a dram and a half to two drams of salicylic acid, and from two to three drams of the sodium salicylate are required in the first twenty-four hours. If the salicylic acid is given it should be in capsules or compressed pills containing 7½ to 10 grains each, every two hours, followed by a little water or milk. The salicylate of sodium may be given in 10 to 15 grain doses in solution every two hours, or every hour if the pain is severe, until relief comes, after which it should be kept up until the toxic effect is produced, when the doses should be diminished but the drug continued. The joints and limbs should be kept surrounded by warm flannels or corded wool. If the salicylic treatment is not successful, then the oil of wintergreen should be tried in doses of 10 or 15 drops every two hours in capsules or emulsion. The alkaline treatment is not by any means worthless. Sufficient doses of almost any of the alkaline salts will answer. The doctor has abandoned the use of blisters and relies almost wholly on the salicylate treatment. Failing in this the "mixed" treatment may be employed, that is, the alternate use of the salicylate and alkalines. If the temperature reaches an extremely high degree the disease may be fatal in a short time. There is but one treatment in such cases; it is the application of cold. If the temperature mounts higher than 105° F., the cold should be promptly used. The article may be found, in full, in the *Therapeutic Gazette* for January 15th.

Cure for Drunkenness.

Dr. W. R. Amick gives an interesting article on this subject in the Cincinnati *Lancet* for February 6th. In speaking of the many cures for that class of cases known as chronic alcoholics, he says he believes that medicine affords a confirmed inebriate as sure relief as from any other pathological condition. He is very positive that reformation by the aid of medicine has a solid foundation in the changes of structure on which the appetite depends. He gives a very simple prescription which he says is very efficient in allaying the craving for drink:

℞ Tr. Capsici.....m. x.
Tr. Nuc. Vom.....m. x.
Ac. Nit. dil.....m. xx.
Aquæ ... .ʒ ii.
M. Sig.—Take this three times daily.

A very noted specific for drunkenness

which, it is stated, has cured more than 2,800 cases without a single relapse, was a secret for many years, but it is established beyond the question of a doubt that it possessed creative qualities. This remedy was nothing more than a preparation of red peruvian bark. A pound of the bark is coarsely powdered and mascerated in a pint of alcohol until the virtues of the bark are extracted. It is then evaporated to one half a pint. A teaspoonful of this is given every three hours for two or three days, after that the dose is reduced to one half teaspoonful and gradually diminished until only five drops at a dose are taken. A cure is generally effected in from one to two weeks. The remedy is easily tried, is harmless and is a good tonic. Nitrate of strychnia has a powerful influence in controlling the desire and craving for liquor when given hypodermically. It allays the craving for drink, and has a direct effect upon the brain and nervous system. The hypodermical method also makes a powerful impression upon the nervous system. Strychine may be combined with the chloride of gold or sodium, or both. The chlorides have a marked influence in counteracting the effects of alcohol. This is shown by the short space of time that is required to sober drunken men with ammonia.

Treatment of Trachoma by Expression.

Those who have had experience in the treatment of trachoma are only too ready, as a rule, to affirm what an unsatisfactory disease it is to treat. But Prof. T. R. Pooley of New York gives a method of treatment, or rather speaks in strong terms of the value of an old treatment recently revived. In the New York *Medical Journal* for February 13th he relates a number of cases showing that expression cuts short the progress of the disease to a remarkable degree. All the cases were practically cured in from three to five weeks. Ether was generally used, occasionally cocaine, sometimes both. Dr. Pooley uses the fingers and the thumb nails for his forceps. The lids are everted and the granules squeezed out by the thumb-nail aided by the index-finger in the *cul-de-sac*. To be successful every granule must be thoroughly expressed.

Letters to a Young Physician.

My Dear Doctor—In reply to your request, asking me to criticise your manner in the sick room, as I observed it the other day, I would say that in my opinion you were by no means faultless. Criticism always comes hard; but I venture to call your attention to a few things, in the hope that you may profit thereby. Therefore, please accept these letters, as they shall appear from time to time, in the same spirit in which they are written. Now I do not think you did just the thing in entering your patient's room wearing your overcoat. Of course many older physicians do the same; but if I was a patient of yours and had to pay you two dollars for each visit, I would not like to feel that you came with a rush and left in a hurry, having no time even to remove your heavy coat. Take off your overcoat, and thereby aid in creating the impression that this patient is your particular patient, and that you will give every moment possible of your valuable time. Let your haste be shown in other ways. I noticed another fault also: You were not specific and positive enough in your directions to your patients. What is your medicine for, unless it is to be taken? Why take it unless it is to cure? Therefore, "once every four to six hours;" or, "every hour or two," will not answer. Give positive and exact directions, and always insist that they be faithfully carried out. I think, doctor, another fault you showed is this: You talked too freely with your patient. You told him too much about his disease. You even told him what remedies you were giving. I know it is true many very skillful men do this, but it seems to me it is unwise. On some patients the effect may be good, but, generally speaking, it is better not to let your patients know too much about their ailments or about the drugs they are taking. By keeping your own counsel you will escape many an embarassment. While I would not like to have you create an air of mystery about you; still, the silent man has many things in his favor. Hoping your patient will recover, I remain, Very sincerely yours,

The Review.

THE
NATIONAL MEDICAL REVIEW.

VOL. I. WASHINGTON, APRIL, 1892. No. 2.

THE EDITOR'S TABLE.

Why We Will Succeed.

Commenting upon the appearance of a Medical Journal in our midst, a professional friend remarks it ought to succeed, for one good reason at least. He says this city has been a burying ground for medical journals for many years, and, by this time, the soil ought to be so enriched that a new journal cannot help but thrive. We fail to see anything especially exhilarating in this; however, we announce again, we are here to stay.

Curious Postal Laws.

But few people are aware of the fact that a copy of this journal can be sent to California or Texas cheaper than it can be mailed to parties in our own city. Two cents a pound is the rate to any place in the United States, except to parties living in the same city where the journal is published. Here we must pay one cent on each copy mailed.

John Wesley as a Physician.

We have before us a most interesting article on "Wesley as a Scientist." It would hardly seem probable, at first thought, that this theological writer would ever have noticed things scientific. But he even went so far as to publish works on his opinions and beliefs upon scientific topics. In the year 1747 he published a treatise on medicine, entitled *Primitive Physic*. This was not only extensively used in England but an American edition was also issued. In the January number of the *Methodist Bimonthly Review* are found many quotations and running comments, on this rare treatise, by Dr. W. C. Cahall of Philadelphia. We can give but a few of the old prescriptions: For the asthma, "Live a fortnight on boiled carrots only. It seldom fails." For windy colic: "Parched peas, eaten freely, have had the most happy effects when all other means have failed." For lethargy: "Snuff strong vinegar up the nose." For raging madness: "Let him eat nothing but apples for a month." The whole article by Dr. Cahall is extremely interesting to all who are interested in the study of primitive medicine.

A Disgraceful Exhibition.

"Disgraceful" may be a strong word, but it is none too strong to qualify the exhibitions that are of daily occurrence in this city. We refer particularly to those exhibitions which pertain to the healing of the diseases of the body. It is not according to the spirit of this century that such things exist. They belong to the age of intellectual darkness and superstition. That these parties can publicly exhibit their miserable methods of gaining a livelihood is a positive disgrace. It is a disgrace to our own profession as well as a disgrace to the intellectual activity of the brilliant age in which we live.

Visited by a Plague.

It is not entirely a wild flight of the imagination that enables us to see into the future a thousand years with true prophetic vision. The common schoolboy may then read in his History of the Rise and Fall of the Great Republic, something like this: "Chapter XXX. The Capital of the Republic Visited with a Plague." Under this head he will learn how, in the year 1892, there appeared in the midst of this beautiful city an unusual number of human parasites who obtained their sustenance by exciting the fears of deluded women and frightened men. They grew and waxed bold, until their demands were sufficient to take from the middle and lower walks of life all their income. For a time the few then supported the many. But the leeches still drew the blood and the decline of a glorious nation began!

Visited by an Angel of Mercy.

But all of this may be a dream. Perhaps the Angel of Mercy may win after all. This messenger of love is also known as "The Bill for the regulation of the Practice of Medicine in the District of Columbia." Knowing her power for good, her love for the poor, and her philanthropic spirit, the whole Medical Profession bids her welcome. She has been presented to Congress, and already at this writing that dignified body has cast an interesting smile toward her. Let Congress adopt her; and our President, we are sure, will imprint the kiss of his approval on her brow.

Then Farewell, Thou Mountebank!

Then listen to the wailing and weeping of the mountebank, as he packs his *magnetism* in his carpet valise; look at the vacant columns of our daily press, once so crowded with the wonderful stories of miraculous powers; and rejoice, that once again truth has triumphed!

The Duty of the Profession.

But, in all seriousness, the Medical Profession has no right to remain silent on this subject. It is our plain and positive duty to raise the alarm. We are not at our work simply for the money that is in it; there is something above and beyond all this. As the patient, when critically ill, trusts his life to our keeping, so ought the whole community to trust its health to the profession. And to a large extent it does. Therefore, we shall not do our duty until we protect those who trust us, from the unscrupulous methods of the unprincipled quack.

The Sad Feature of It.

A sad feature of this is the fact that the money obtained by these parties, as a rule, comes from those who can least afford it. Persons are made to believe a positive cure is in waiting for them, and they make the most extraordinary sacrifices to meet the exorbitant demands. Webster says robbery is "the taking away by wrong." The money thus expended is often sorely needed for food and clothing, to say nothing of books and home comforts.

A Sadder Feature.

A sadder feature lies in the fact that the innocent parties are often made much more ill by the unskillful treatment; their miseries are thereby increased; and their faith in medicine accordingly diminished. We repeat it, the whole business is a positive disgrace to our city.

Anatomical Law for District of Columbia.

The position of the medical colleges of this city is anything but desirable, so far as the anatomical departments are concerned. No student can graduate without having pursued the usual course in the anatomical laboratory, and yet any party who supplies the material for

that study is liable to a heavy fine and imprisonment. The fiftieth Congress passed an anatomical bill, but it was vetoed by the President, Mr. Cleveland; his first veto, by the way. The bill now before Congress remedies existing evils, and the profession of this city, as well as the friends of medical education everywhere, will hope for its speedy enactment.

No Rest for Animals.

There is no rest for the poor animals. The cat-gut ligature has a well earned place in surgery, but now the opossum-tail sutures are coming into vogue. Then we have the horse-hair suture and last of all the rat-tail ligatures. Whether the cat will kill the rat and thus maintain her supremacy we do not know. Or whether the opossum will out-jump the horse in the race, we cannot tell. But in our opinion the mule should furnish all these leg-atures; and he is certainly the nearest to the as(s)eptic animal.

The Anatomy and Physiology of "Old Abe."

Many of our readers are familiar with the history of the patriotic bird which accompanied the Eighth Wisconsin in many of its splendid victories. Men have been obliged to acknowledge the belief that "Old Abe" was a male; but we are now relieved of such a weight. The *Woman's Tribune* of this city proudly proclaims that once upon a time "Old Abe laid an egg!" The *Tribune* declares that the keeper was "astounded," and that the terrible secret was revealed to only one person. But years after the death of the bird the *Tribune* came into possession of the secret egg story, "thus wrenching from the male sex one more military honor." Old Abe was a good bird, for, as the vine clings to the oak so did this female cling to her male friends. Had Old Abe been of the other sex she would never have rested content clinging to a flag-staff or tent-pole. She would have been scaling the heights of some mountain side, or soaring high in mid-air, showing her restless and independent spirit. For us, we choose the eagle that can spread his wings the widest, scream the loudest and sail the highest. The *Tribune* is welcome to the eagle that can lay an egg and lovingly cling to her male friends!

Some Classical Literature.

We have before us a pamphlet of twenty-five pages entitled, "An Appeal to the Congress of the United States in Defense of Medical Botany." It is supposed to be a protest against the passage of the bill "to regulate the practice of medicine in the District of Columbia." But such a protest! It abounds in "English as she is writ." For instance, we read that "the three principle diseases *is* * * *." "Before this brief *come* out," etc., etc. But the subject-matter is one of the curiosities of our times.

Something Wrong in the Practice of Medicine.

The author of this brief tells us there is something wrong in the practice of medicine, and asks where the trouble is? Our readers can easily diagnose the case after they are familiar with some of the statements. Here are a few extracts: During June, July and August the total mortality of the city was 1,667. "Not one of those 1,667 deaths in these three months were charged to a botanic doctor, yet we had, directly or indirectly, in medical charge, 40 per cent. of all the children in Washington City." "Botanical doctors claim that they have not lost a single case where called in the first illness." "During the year 1890 we had 900 cases of la grippe and lost none. The same year we had 8 cases of scarlet fever; 21 of diphtheria; 5 of typhoid fever; 43 of cholera infantum;

and lost none." "The human body is purely a vegetable body composed of purely vegetable matter." "The botanic doctors claim that la grippe, cholera infantum, and kidney disease are three of the easiest diseases to cure known in human life."

Where is the Trouble?

The author asks where is the trouble? We answer that the trouble is because the authorities of this city allow such pamphlets as these to be distributed to the people. We are chagrined beyond measure that there is no law to prevent every person from practicing medicine who shows such extreme unfitness as does the author of this "appeal." It will be a great day for the common people of this city when the Temple of Medicine is purged of its uncleanness, and those who are found unworthy are driven outside its walls.

We Are in Danger!

The latest news that comes to us of the power exerted over us by the fair sex is this: "Ladies are beginning to use hypodermic injections of perfumes, in order to produce a perfumed perspiration!" Thus when the susceptible youth is thought to be desirable, he can always be surrounded by the perfume of his favorite flower; but if undesirable, a single hypodermic injection of some iodoform or asafœtida solution by his lady friend will forever prevent him from darkening her door. Think, for a moment, what a field this opens up for the philanthropist!

Aluminium for Nothing.

In our first number we had something to say about this wonderful metal. (Allow us to say, just here, that the word was spelled in one way at that time, and now we try it another way. We declare that one or the other is correct!) Since that time we have learned—through the public press—that a huge building is being erected near Scranton, Pa., for the extraction of aluminium from clay. The prime mover in the enterprise says that, with certain improved machinery and with the profit from a by-product of chloride of lime, the aluminium can be put upon the market at one cent a pound with profit.

A Boon for Freshmen.

One is reminded of his early college days when he was having a constant struggle with the manipulation of his first mustache, in reading of some of "the dangers attending the use of vaseline." The periodical before us warns ladies not to use vaseline on the upper lip, as "it is fairly well settled" that its persistent use causes a heavy growth of hair! In youth, we cut the hair from the back of the head and intently watch and wait for some to appear on the face. But, later, we find ourselves removing the hair from the face, and, alas, watching it rapidly disappear from the back of the head!

Hospital for Epileptics.

There is a fair probability that the State of New York will soon have a State Epileptic Hospital. This must commend itself to all physicians as well as charitable organizations. It has been estimated that there are about 100,000 epileptics in the United States, the majority of which are free from serious mental ailments. In New York State there are five hundred pauper epileptics. Many of these are obliged to mingle with confirmed idiots, and to suffer from their violence. Housed in this way they are under scarcely no medical supervision, notwithstanding the fact that some of the cases at least are susceptible of cure. In Germany, Holland and Switzerland there are a number of such hospitals. It is to be hoped our own

country will no longer be in the rear of these in this humane work of reform.

What Shall We Eat?

Dr. George F. Shrady is quoted as saying that no one kind of food exclusively is good for the ordinary man. The brain is most nurtured by sleep and rest. By gratifying our intellectual tastes we feed the brain much better than by any kind of material food.

Dr. H. P. Loomis believes we pay altogether too much attention to the special uses of foods; such as the phosphates and the so-called brain foods. A man had much better follow the dictates of his own appetite rather than wondering and studying over this and that article of food. Rest is the best tonic for the brain. "A prescription for happiness requires but two words," says Dr. Loomis, "avoid worry." But, just here in the interests of the young practitioner, we would ask, How can we take this prescription when the office rent is due; there are no funds on hand; and we cannot collect our bills?

A New Use for Chloride of Gold.

It is a strange fact that whenever any remedy comes into prominence as a cure for certain ailments, soon a score of other afflictions are discovered which are cured by it. We are now assured that the chloride of gold, used subcutaneously, is an infallible remedy for the bite of the cobra de capello. The bite of this poisonous reptile is especially fatal; yet in a late report to the French Academy of Medicine we are told it need no longer be so considered. Gold will cause a fever (1849), and cure consumption (Shurley-Gibbes); it will cause persons to manufacture alcoholic drinks (breweries, distilleries), and will cure the same parties from all desire to partake of their own goods (Keely); it will cause a man to see snakes (delirium tremens), and it will cure him of the bite of the deadly cobra (Calmettes). Without thee, thou precious metal, how could we live?

Pity 'tis, 'tis True.

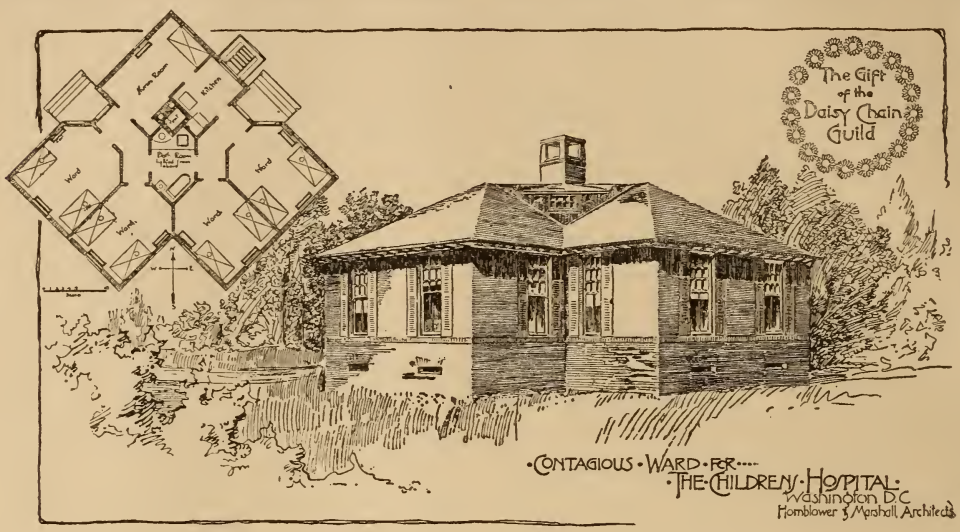
The aspiring and ambitious young graduate, who receives his credentials about this time of the year, might as well understand that his pathway will not be literally strewn with daisies and dollars. From some of our exchanges we glean these exhilarating facts, and now pass them to him for his early consideration. An account was kept of the career of 100 medical students for five years after their graduation. Twenty-three received salaries in addition to or separate from their practice; fifteen were druggists; three, insurance agents; four loaned money (could not possibly have been their own); one, real estate agent; one, a preacher; one, patent medicines; twelve gave up the fight; only twenty-nine devoted themselves exclusively to medicine, and of these, eleven formed partnerships.

Career of 1,000 Students.

But Dr. F. L. James of the St. Louis *Medical and Surgical Journal* tells of the career of 1,000 medical students who were at St. Bartholomew's Hospital. Twenty-three of these achieved distinguished success, 66 considerable success, 507 earned a living, 56 failed entirely, 96 left the profession. The conclusion of the whole matter is well put in these words: "A large proportion of those who enter the practice of the profession manage to make a little money, or at least pay their way; a very select few achieve fame, and still fewer fortune." Yet, read the journals and note what lists will be poured forth these bright spring days! My newly graduated friend, will you belong to the 23 or to the 96? See to it

Hospital for Contagious Diseases.

We take pleasure in showing an illustration of the proposed Hospital for Contagious Diseases. When writing for our March number we were not aware so much had been accomplished in this line. It appears that the idea of such a hospital originated with Mrs. Archibald Hopkins, of this city. Mrs. Hopkins has given much time to the Children's Hospital, and while on one of her visits there, during last summer, she was informed that a number of the children had diphtheria. She appreciated at once the necessity for the isolation of such cases, and immediately thought of a special ward, or hospital, for their care. Mrs. Hopkins consulted her architects; conferred with Dr. Billings; and finally completed a plan as shown in the illustration.


The Gift of the Daisy Chain Guild
CONTAGIOUS WARD FOR THE CHILDREN'S HOSPITAL
Washington D.C.
Hornblower & Marshall, Architects

Size and Scope of Hospital.

It is hoped, in time, that at least four wards may be completed, each after the illustrated plan. A ward will be devoted to each of the following objects: Pay-ward for scarlet fever, and pay-ward for diphtheria; and two corresponding charity wards. The advantages of having four separate buildings are many and apparent. The hospital will be open to adults as well as children.

Funds for Hospital.

The Daisy Chain Guild is an organization of young girls, devoted to charitable works. The Guild has taken great interest in the Children's Hospital and has done much to comfort and cheer its inmates. Mrs. Hopkins has so directed the efforts of the Daisy Chain that it now has about $2,000 in its treasury, as a hospital fund. On the 28th of this month, at the Academy of Music, a matinee will be given, under the patronage of the Daisy Chain, for the purpose of adding a good sum to this $2,000. Mr. Rapley, the manager, has generously donated the house. Let the profession of the city show its appreciation of this charitable work by a generous attendance.

Two Journals for Price of One.

We have just completed arrangements with the Maryland *Medical Journal* of Baltimore, so that we can offer our monthly and the Maryland weekly to new subscribers for the price of the weekly alone—three dollars a year. The latter journal is so well known that a description of it is unnecessary.

HERE AND THERE.

The Medical Examining Board of Virginia meets at Richmond the 19th of this month.

Did he die of "heart failure"? Oh, we thought it was from "want of breath." One is about as classical as the other.

There is no such word as "hypodermatic," or "hypodermatically." Do not make the word more cumbersome than it is, doctor.

The St. Louis Medical College is soon to have a new building, costing $107,000.

The House Committee on Hygiene and Sanitation, of the Georgia Legislature, has favorably reported a bill taxing old bachelors. The penalty is $25 for a bachelor at 30, and $25 advance on every five years. The conundrum is: What relation exists between old bachelors and hygiene plus sanitation?

This *leaps* over them all! It has been suggested that a statue of a frog be erected by the physiologists, who feel so deeply indebted to this animal. Even the old *croakers* should not object to this.

Dr. Paul F. Munde has retired from medical journalism.

There is hope still! A regular practitioner of medicine occupies the Speaker's chair of the New York Assembly. Such an honor has come to Dr. Robert P. Bush of Horseheads.

Beecham's Pills—"Aloes and ginger mixed with soap." Make haste and buy, the dear public, before the supply is exhausted.

Dr. T. Gaillard Thomas of New York has recently and successfully performed Cæsarian section. The child weighed eleven pounds.

The Woman's Medical College of Minneapolis is one of the latest organizations. Success to it.

The annual meeting of The Association of American Physicians will be held in the Medical Museum building of this city, on May 24th, 25th, and 26th. President, Dr. Henry M. Lyman of Chicago; Secretary, Dr. Henry Hun, 33 Elk St., Albany, N. Y.

The Jefferson Medical College of Philadelphia is to have a handsome hospital, lecture-hall, and laboratory building. The buildings will cost $500,000.

Dr. Hippel of Königsberg has reported a successful case of corneal graft ing. A portion of cornea, three millimeters in diameter, discolored by nitrate of silver, was removed with a trephine, and, in its place, was inserted a corresponding disc from the cornea of a young rabbit. In six weeks the patient had a perfect and transparent cornea.

The Washington Directory for Nurses, under the supervision of the Medical Society of this city, is located at 1446 N Street, N. W.

A volume is being prepared containing a condensed report of the trial of the medical student, Carlyle W. Harris. The more important medical testimony will be given in full. It was from the proceedings of this case that we quoted so freely in our last issue.

A bill has been reported to the Senate "to establish a hospital and home for inebriates and dipsomaniacs in the District of Columbia."

The most promising infant to-day is the "Infant Science"—Bacteriology.

We were quietly informed, some months since, that a company was being formed "to emulsify petroleum products." It was stated that no previously known methods would emulsify such a product as Terraline. But now we are in receipt of a circular from the terra-

line company on just this point. It will be a surprise to a few men at least. The company advise the use of the plain Terraline, yet it can be emulsified if so desired.

The annual commencement of the medical and dental departments of Columbian University of this city was held March 17th. Twenty-three young men were given medical and five dental diplomas. The only lady graduate, Mrs. Anita Newcomb McGee, is a daughter of Prof. Newcomb, the famous astronomer.

The commencement of the Medical Department of Howard University will be held in the Congregational Church, cor. 10th and G, April 13th.

The commencement of the Medical Department of the National University will be held the latter part of this month.

The commencement of the Medical Department of Georgetown University will be held at an early date next month.

A New York Court has recently decided that when a physician assumes the care of a patient he is legally obliged to give his best skill, without regard to the question of fees.

The Executioner of England is out of a job, having resigned his office to go on a lecturing tour. As one would expect he now advocates the abolition of capital punishment. It is strikingly strange that it never occurred to him to advocate thus while he was the Lord High Executioner.

Dr. Bremer of St. Louis thus boldly puts it: "The boy who smokes at seven, will drink whisky at fourteen, take to morphine at twenty or twenty-five, and wind up with cocaine and the rest of the narcotics at thirty and later on."

Read our advertising pages. To keep up with the times, the practitioner should know what is latest and best. No firm can afford to advertise a preparation to the profession unless there is merit in it. The fact that a drug is legitimately advertised is prima facie there is merit in it; for very soon the practical test is made at the bedside, or in the sick-room, and if it cannot stand the test the drug is banished and the credulity of the house questioned. Therefore, we repeat, no firm can afford to advertise a worthless preparation.

THE PROGRESS OF MEDICINE.

Forensic Medicine. Irving C. Rosse, M. D.

Notwithstanding our go-ahead character in most things, we are far behind our European contemporaries in the matter of medical jurisprudence, or more properly speaking, forensic medicine, which is applied medicine in the highest sense of the term. There is in fact no modern discovery in anatomy, physiology, or medicine that may not be applied sooner or later to the purposes of the law. Observation of a great number of medical and juridical facts has moreover brought about change in punitive legislation, has developed criminology and penal science, and thereby exerted almost subversive influence on many subjects in this branch of medicine. By means of recent advances in physics, the new creations of chemistry, and the perfected instruments of scientific precision, the man of skill now brings to light parts of the body heretofore considered impalpable or invisible; he penetrates into the mystery of component parts of the various organs, and reveals some of the most secret vital laws. These discoveries have become so numerous of late that the works written a few years ago are now antiquated and necessitate reorganization of the whole science of forensic medicine. With this end in view a noted expert of New York City, Dr. R. A. Witthaus, with the as-

sistance of several collaborators, has undertaken a forthcoming work in which the old knowledge is to be blended with the more brilliant modern facts so as to open the way between law and physic and thereby help the assimilation of all questions whether scientific or legal. The subject will be brought up to the date and standard of recent European works. Italians, by the way, are now in the foremost rank of contemporaneous writers on such matters, and although their system of judicature differs from our own, this fact does not lessen the value of a medico-forensic literature which abounds in the three grand requirements of good sense, knowledge, and honesty.

The prevalence of truth and justice should not be influenced by time or space, and science is the same the world over, despite geographical lines and political distinctions.

Preparing Rat-tail Sutures. *E. O. Belt, M. D.* The great satisfaction that I have had in the use of tendons of the rat's tail in cases where a strong and fine animal suture is required, leads me to give a fuller description of the manner in which such sutures may be prepared. The rat's tail consists of a dozen or more vertebræ, each connected with the body of the animal by four or six tendons. The tail should be cut off and skinned. The vertebræ are then easily pulled apart, each with its quota of tendons corresponding in length with the distance of the vertebra from the body of the rat. Placing the tendons in a sublimate solution 1-500 for a few days renders them aseptic, after which they should be kept in alcohol. I have used these sutures in stitching the conjunctiva after removal of a pterygium, in advancing the recti muscles in strabismus, and in suturing the sclerotic after evisceration of the eye-ball, and much prefer them to silk, from the fact that they are not irritating to the eye, and do not have to be removed. Other animal sutures are not fine enough and are difficult to make aseptic. Some of my surgical and dental friends have used these tendons with much satisfaction in circumcision and in laceration of the gum from difficult extraction.

"Horny Granulations." W. H. Wilmer, M. D. The patient is deeply anæsthetized. The lid is grasped near, and parallel to, its free margin with a narrow-bladed forceps, made for the purpose, and thoroughly everted by rotating this instrument until the retrotarsal fold is exposed. The palpebral conjunctiva, beginning at the fold, is thoroughly scarified with a delicate four-bladed knife, the incisions being made parallel to the margin of the lid.

After cleansing the lid, it is scrubbed with a stiff tooth-brush and powdered pumice-stone. The lid is now washed and again scrubbed with a second tooth-brush dipped in a 1 to 500 sublimate solution. The process is repeated upon the other lids if affected. An antiseptic bandage is applied. At the end of twelve hours this is removed, and the lids touched with the sublimate solution on a cotton applicator.

The after treatment consists in the simple instillation of a saturated solution of boric acid. The soft granulations are similarly treated, with the exception of the pumice-stone.

The result is most satisfactory.

Treatment of Alcoholism. This subject formed the topic of discussion at a meeting of the St. Louis physicians, as reported in the St. Louis *Medical Journal.* Dr. Wm. Johnson declared that the best treatment was that which removed the patient from his unfavorable surroundings, and imposed severe penalties, as hard labor, on those guilty of excesses. Dr. A. B. Shaw stated that the patients must be placed in an institution set apart for their treatment. Without this all treatment was puerile. Dr. McPheeters said that chronic alcoholism is tenfold more disastrous in its results than insanity, and entails more crime and pauperism than all other causes together. Institutions for the treatment of patients should be provided by legislative enactment. Dr. Bremer believed that a great movement had been inaugurated at Dwight, by Dr. Keeley. There was a peculiar charm in the word "gold." It was first brought out by Niemeyer as a remedy in obscure and chronic female disorders. In his experience it did good only when the

patient knew she was taking gold. He believed that the will power exerted to go to a distant place, as Dwight, was enough to half win the battle. This counts a great deal in the final results at that institution. On the whole he was rather favorably impressed with the Keeley treatment. Remove the halo of mystery which clings to the treatment, however, and there would be but little left. He predicted the collapse of the gold treatment with the demise of the originator.

Are Inebriates Curable?

We are in receipt of a very neat reprint from the *New England Medical Monthly* for March. The author, Dr. T. D. Crothers of Hartford, Conn., discusses the question "Are Inebriates Curable?" The curability of drunkenness becomes a question of conducting or assisting the patient back to health. The condition to treat is that of progressive brain and nerve exhaustion, lowered vitality, with damaged and perverted functional activities. The removal of alcohol does not remove the disease, but only one exciting or predisposing cause. First of all, the drunkard must go into a quarantine, where all the external conditions of life will antagonize his disorder and assist nature to return to health. Nerve and brain rest, the restoration of all the organic and functional activities, can be obtained under proper medical care. With the returning vigor of mind and body the drink impulse is overcome and dies away.

The same author insists that drunkenness must be recognized, legally, as a disease. The victim should be forced into conditions where he can live along the best sanitary lines of health; where there is the best medical treatment; and where physiological and hygienic training can be applied.

The Inebriates and The Insane.

Dr. Crothers holds that the liberty of inebriates and the insane is equally dangerous. The moment a man becomes a drunkard he forfeits all rights to liberty and becomes a ward of the State. The inebriate is mentally and physically sick and needs the same help as the insane. The curability of the inebriate is far more certain than that of the insane.

Capital Punishment.

At the annual session of 1891 of the Medical Society of the State of New York, a committee of three was appointed to report on capital punishment. At the last session of this Society the committee made its report. It occupies over seven columns of the New York *Medical Journal* for March 5th. With our present physiological knowledge; with the great difficulty of being always correct; and with the absolute impossibility of making a positively safe diagnosis in every case of alleged crime, or cerebral disease; with these facts before us other less uncertain and less inhuman methods than capital punishment should be found. The Society should express its opposition to the perpetuation of capital punishment

Bromide Strontium in Nervous Affections.

Prof. Germain See has lately reported, to the French Academy of Medicine, his observations on the use of the bromide of strontium as a substitute for the bromide of potassium. He believes such a substitution would be most desirable; especially so in the treatment of epilepsy. The strontium appears to possess all the advantages of potassium and, at the same time, is free from the undesirable features of the latter. The stomach tolerates it, in large doses, and for a considerable time.

Library of Surgeon General's Office.

Dr. Frank P. Foster has an editorial in the New York *Medical Journal* for March 12th protesting against the reduction of the annual appropriation for the library of the Surgeon General's Office as contemplated by Congress. The editorial compliments the character of the library, its management, usefulness, etc. The local profession owes a vote of thanks to Dr. Foster.

Influenza La Grippe.

In the *Maryland Medical Journal* for March 5th, Dr. E. D. Ellis of Baltimore reports 300 cases of the prevailing influenza, of which he has not lost a case; therefore he justly concludes that the rate of mortality is low, if properly managed. Quinine is of the greatest value. It should be given in divided doses of thirty grains a day. Acetanilid

will give the patients great relief; it will promptly and completely stop the neuralgia and muscular soreness, and reduce the temperature.

Who Make the Opium Slaves? Dr. A. K. Bend, in an editorial in the *Maryland Medical Journal*, asks this question and then answers it by appealing to the profession to be more cautious in prescribing opium for the relief of the pelvic pains of women. He requests communications from physicians concerning any substitute they have to offer for this use of opium. How would *papaine* work in such cases?

Effects of Removal of Uterine Appendages. An editorial in the *Medical Record* for March 5th contains an interesting review of some recent articles on the remote effects of the removal of the uterine appendages. Some of the conclusions reached are that the strength and nutrition of the patients are improved. They do not gain excessive flesh as a rule, neither is there a change of voice or growth of hair on the face. The sexual appetite is seldom changed within two or three years after the operation, but after several years it becomes lessened. Patients are frequently more nervous than formerly; mental disturbances, insanity, and epilepsy not infrequently follow it. Hystero-epilepsy is seldom permanently cured by the operation. Local pain is often not relieved. It is unjustifiable to remove the ovaries and tubes in cases of neurasthenia, hysteria, etc., when these organs are healthy.

After-Treatment in Surgery. Acute pain after an operation usually means that something is wrong with the dressing: the sutures are too tight; the dressings badly applied; or the wound has not been thoroughly disinfected. Dr. Roberts says, in the *American Journal Medical Sciences* for March, that at the close of the day of the operation he usually gives bromide of potassium and chloral. This may be repeated the second night. The dose is about forty grains of the bromide and fifteen or twenty of the chloral. This allays nervous excitement incident to the experiences of the day. Ordinary cases, however, require no medicinal treatment, unless it be a laxative. Opiates are to be avoided in the after-treatment. Their frequent use in most medical and surgical conditions indicates an unwise physician or surgeon. Dr. Roberts practically never uses the antipyretics.

Eye, Ear and Throat Hospital, at Baltimore. Dr. J. J. Chisolm of Baltimore gives his annual report of work performed in the Presbyterian Hospital for 1891. There were 10,003 cases treated, of which 7,364 were eye patients. Some of the rarer cases were 18 cases of "lid cancer," and 181 of "tarsal tumors." There were 13 cases of pediculi of the lashes; more than had been seen in the preceding 13 years. This the doctor explains by the admission of Russian and Polish Jews to the Dispensary. Of cataract cases 370 applied for treatment, and 188 were operated upon. There were 50 enucleations of the eye-ball.

Purulent Ophthalmia of the New Born. Dr. Chisolm of Baltimore treats this destructive disease as follows: One drop of a one per cent. solution of nitrate of silver is instilled daily by the physician. At home the attendant keeps the eyes of the child clean by the hourly use of a solution of borax, ten grains to the ounce. The nitrate of silver is continued so long as the pus secretion continues, usually from ten to twenty days. The earlier the silver is used the better. It should never be used stronger than here given, nor oftener than once in the twenty-four hours. No eye has ever been lost, if the infant was seen early enough while the cornea was still clear.

Anæsthetics Used by Dr. Chisolm. Chloroform is used for all operations that are likely to be tedious or painful. For over ten years the bromide of ethyl has been in constant use for painful operations of short duration. One drachm of this liquid in an air-tight cone held over the nose and mouth of a patient will produce complete anæsthesia in less than one minute. It has been used thousands of times and always with satisfaction. Skillfully administered it is always efficient and safe.

Triple Personality.

In the *Journal of Nervous and Mental Diseases* for March, Dr. Irving C. Rosse of this city has an article relating to the so-called diseases of personality. Most of reported cases refer to states of double consciousness, or doubling of the personality. But very few have been reported of a triple character. The doctor reports several cases in which the illusive transformation assumed a triple character.

Therapeutics of Somnal.

In the *Medical Record* for March 12th, Dr. O. M. Myers of Rochester, N. Y., gives an exhaustive study of the clinical and experimental paper on a physiological and therapeutical action of somnal. Some of the therapeutical conclusions are: Somnal may be confidently relied upon to induce sleep in all cases where the insomnia is not the result of pain or syphilitic disease. As the nervous element predominates, somnal is the more certain to fulfill the requirements. It is strikingly efficacious in the sleeplessness occurring during convalescence from acute diseases. It is useful in whooping-cough, spasmodic laryngitis, asthma, "nervous cough," and chorea.

Removal of the Tonsils.

At a late meeting of the New York Academy of Medicine, as reported in the *Medical Record*, a discussion was held on when and how to operate on hypertrophied tonsils. We are pleased to hear Dr. Morris J. Asch take the ground that while excision of the tonsil, by the knife or guillotine, is frequently done, yet "*it is an extremely dangerous operation.*" He would never operate because the tonsil was very large; but would operate if it interfered with respiration, or caused frequent attacks of quinsy, or interfered with audition.

A Tonsil is a Sign of Disease.

Dr. F. H. Bosworth, in the same discussion, declared that his statement made ten or twelve years ago was still the truth, viz., that the existence of a tonsil should be regarded as a disease to be dealt with summarily and promptly. Enlarged faucial tonsils do not give rise to difficult breathing, or nasal catarrh, or difficult hearing. Theoretically, *all tonsils should be cut out.* Tonsils meant diseased lymphatic tissue. Yet he would not remove a tonsil unless it caused symptoms. Dr. Bosworth prefers the French tonsillitome to Mackenzie's. He does not consider it a dangerous operation. In children he had never seen serious hemorrhage. In adults the bleeding was more or less perplexing and he there employs the cold snare. A removal of part of a tonsil is about as justifiable as taking off a portion of a uterine fibroid. Something was left which was of no use and acted only as a trap for disease.

Do not Operate too much.

Dr. D. B. Delavan, at the same meeting, approved Dr. Bosworth's views and stated he did not believe tonsillotomy was a dangerous operation. He had seen only one case of severe hemorrhage, and that in a child of hemorrhagic diathesis. He would advise against the operation being performed by the general practitioner unless he had been especially instructed in throat difficulties.

A further discussion brought from Dr. O. B. Douglass the statement that he believed the tonsil was often removed when it should not be. Dr. Beverley Robinson did not believe that every enlarged tonsil meant disease. In the majority of cases the whole gland should not be removed. The danger from hemorrhage was much increased by removing the whole gland. There were undoubted cases on record of deaths due directly or indirectly to this operation on children.

Poisonous Tablets.

The *Medical Press* raises a just protest against putting up highly poisonous antiseptics in tablet form. It truly says that to do so is to invite disaster. Some unusual shape should be adopted, and not the one so familiar for tablets for internal administration. Medical men should refuse to prescribe preparations that might bring extra-hazardous risks to the sick room. Enough of these now encompass the sufferer.

Bicycle Exercise in Neurasthenia.

In all so-called "functional" nervous affections where the great desideratum is muscular exercise in the open air,

the bicycle comes in as a great means toward effecting a cure, giving occupation to both mind and body. Dr. Hammond especially recommends it and the *Medical Press* editorially approves of it. The exercise of skill; the concentration of the mind to avoid accidents; the exhilaration resulting from the rapid motion; the continual change of view; and the exercise of almost every muscle in the body, these render the bicycle a more powerful agent in arousing the mind from a lethargic condition than any medicinal remedy.

Treatment of Obscure Forms of Disease.

In the *Medical News* of March 12th is an article of eight pages by Dr. W. W. Johnston of this city. The author discusses the nature and causes of symptoms that are constantly met with in daily practice, and yet that prove so troublesome to cure. Such terms as toxemia, lithemia, intestinal indigestion, constipation, neurasthenia, etc., prove unsatisfactory, and there is no name hitherto applied that expresses the true nature of things. The paper is well worth a careful perusal by every practitioner of medicine.

Camphoric Acid for Night Sweats.

One of the most aggravating symptoms occurring in tuberculous patients is the profuse sweating. Dr. Jas. Wood of Brooklyn reports the use of camphoric acid for this unpleasant symptom, in the *Medical News* for March 12th. The acid is given dry on the tongue and washed down with a little water. Twenty grains are given from four to six hours before the expected time of sweating, generally about 11 P. M. The dose may be repeated every other night. Only a few doses are required to give prompt and, in many cases, lasting relief. After taking the acid the patients all sleep better, and, on awakening, feel stronger and more refreshed.

Intoxicating Drinks in the United Kingdom.

During 1891 one hundred and forty-one millions and a quarter sterling were spent for intoxicating drinks in the United Kingdom. Reckoning men, women, and children this is equivalent to an expenditure of £3 15s. per head; or for each family of five persons, £18 15s. This was an increase over the previous year of £1,750,000. Poor Ireland, with a population of 4,700,000, consumed £5,720,000 worth. There were 27,500,000 barrels of beer drank in England alone, a cost, per family of five each, of £20 7s. 6d. The drink bill of Great Britain is something appalling; while France and Germany are not in the rear. We are told that in France drunkenness is greatly on the increase, and that many of the drinks are most poisonous. Government analysis of many of the so-called "appetisers" shows that these bitters and wines, are made of the vilest beetroot, potato, and methylated spirits, flavored with prussic acid.

Prognosis of Epilepsy.

Many writers hold the opinion that the risk to life from epilepsy is small; but Dr. W. L. Worcester has given the subject most careful attention, and, in an article in the March number of the *Journal of Mental and Nervous Diseases*, conclusively shows that epilepsy as it occurs in hospitals for the insane, is a disease of very serious prognosis. Is this grave prognosis confined to those patients in asylums, or has the general opinion on this subject been at fault? It certainly is now incumbent on those who hold that the prognosis is not serious, to support their belief by something more than mere assertions.

Death from Hypnotism.

The position the writer takes on the question of hypnotism is clearly set forth in "The Editor's Table" of this journal, March number. A critic has declared that the seriousness of this phenomenon was greatly over-rated and that altogether too much was made of a light subject. However, on page 238 of the March number of the journal quoted in the last paragraph is the report of a death from this same hypnotism. A man of 52 years of age, intelligent and in good health, was hypnotized. From this time his cerebrum was profoundly affected and in three weeks he died.

Effects of Prolonged Lactation.

Dr. John E. Walsh of this city reports an interesting case of prolonged lactation, in the March number of the *Virginia Medical Monthly*. The patient

was 23 years of age, having had her first child over five years ago. The child nursed for two years, but since then the mother has continued to supply a large amount of milk. The patient was under observation about a month, during which time the breasts were strapped and belladonna and turpentine used. While, as a result, the breasts were reduced in size, yet the secretion did not entirely cease. Dr. Walsh further states that prolonged lactation results in serious and lasting effects on body and mind, and upon mother and child. A marked symptom is want of sleep; and if sleeping, the patient is awakened by frightful dreams. There is marked debility, and a facial expression indicating intense bodily prostration. The uterus is early affected; there is metrorrhagia and leucorrhœa. Prolonged lactation is lactation for more than nine to thirteen months.

Treatment of Prolonged Lactation. In discussing Dr. Walsh's paper, Dr. W. P. Carr of this city said that the word "anæmia" covers the whole ground. The most important object of treatment is rest of the gland; therefore, rubbing, liniments, etc., are to be avoided. First, wash the breast thoroughly with a bichloride solution; apply a thin layer of sterilized cotton; and cover with a compress of bichloride gauze and a firm bandage. Do not disturb this dressing for a week. If the breast becomes tense and painful, do not use the pump, but give an active saline cathartic. Do not fear hard lumps, they will absorb.

Lactation and Pregnancy. Dr. Lewellyn Eliot of this city discussed Dr. Walsh's paper and spoke of the "popular fallacy" among women, that so long as they are nursing a baby there is no danger of their being pregnant. Dr. Eliot also stated that the amount of nourishment in breast-milk, after the tenth month, was no greater than that in ordinary beef-tea.

Health and Morality. The address on the opening of the institute of hygiene of the University of Pennsylvania was by the accomplished Dr. S. Weir Mitchell. It can be found in full in the March number of the *University Medical Magazine*. It abounds in bright and concise sentences. Dr. Mitchell believes that the highest usefulness in life is only possible with the highest standard of health. He is "almost tempted to assert" that perfect health is virtue. A population below the normal level of health is sure to be also below the norm of goodness. Poverty of blood, like poverty of pocket, has its temptation. The story of every great epidemic—the plague, the cholera, yellow fever—is dark with histories of human baseness.

The Water-bed for Affecting Temperature. Dr. H. C. Wood has used the water-bed for some years as a means of heating the human body during collapse. In cases of collapse and subnormal temperature occurring during the advanced stage of typhoid fever, bronchitis, etc., it gives extraordinarily good results. Probably the body could be cooled by the same method. A fine description of the bed and manner of using it can be found in the March number of the *University Medical Magazine*.

Treatment of Convalescence from Influenza. Prof. Huchard of Paris, in speaking of the after results of la grippe, says that the patient is still far from well even after the disappearance of the acute stage. Tonics and antiseptics are strongly indicated. At the Bichat Hospital, iodine and tannin are extensively used, as combined in the Vin Nourry Iodotane, or Nourry's Iodonated Wine.

A Stimulating and Nourishing Food. Dr. G. A. Smith of Clinton, Iowa, gives an interesting account of the use of various beef extracts in his own family. Something was the matter with the odor or taste of all of them, until he tried at last the "Rex" brand. He reports that its use gives an "immediate and delightful sensation of exhilaration." This must be just the thing for editors who wait so patiently and long for subscriptions that something "exhilarating" as well as nourishing is demanded.

Treatment of Obesity. The lean persons long to get fleshy, and the fat persons are anxious to be thin. This will probably remain thus until the days of Bellamy come to pass, when

everything will be just right. Obesity is sometimes reduced by one of several methods. Of late we have noticed frequent reference to those mineral waters which contain sulphate of sodium as especially useful in this connection. The Marienbad waters, of Dr. Enno Sanders produce large and copious stools, without irritation. A number of cases have been reported where the most desirable results have followed the free use of these waters.

To Prevent Diphtheria.

It appears that the practical applications of our bacteriological knowledge may soon prove of the highest value. A recent writer says that the throat complications of scarlet fever may be prevented by thorough antiseptic precautions. The same method is employed to prevent children from taking diphtheria when the disease is prevalent in the neighborhood. The throat is sprayed, every three or four hours, or even oftener, with the peroxide of hydrogen, preferably Ch. Marchand's. As prepared by Marchand it is always pure and reliable, while the peroxide itself is an almost perfect germicide. If thoroughly used, the microbes may be prevented from gaining a foothold in the mucous membrane.

Salol in Intestinal Troubles.

In the opinion of Dr. Robert C. Kenner of Louisville, salol is one of the most valuable remedies recently introduced into therapeutics. In the March number of the New Albany *Medical Journal* he gives a somewhat extended experience with the drug. In cases where tympanites is an agonizing symptom, five grains of salol every two hours gives marked relief. In the intestinal catarrhs of children he knows of no remedy its equal. To a child two years of age, two grains of salol are given every three hours, and peptonized milk used for food. Salol is especially valuable in those forms of diarrhœa which occur during the summer months in persons who have eaten plentifully of fruits and vegetables.

Salol in Tonsillitis.

The same writer says that salol will cut short an attack of tonsillitis if seen early. Ten grains of the drug are given every three hours. In the opinion of the editor, however, there is nothing superior in this line, to the old guaiac treatment.

Sanitary Condition of Chicago.

The *Medical Press*, however, calls it the *unsanitary* condition, and in an editorial in the number for March 2d, the deplorable condition of things is glaringly brought to the front. We are told there were not less than twenty thousand cases of typhoid fever in the year 1891, with total deaths from the disease of 1,997. The editor assures its readers that at the present time "typhoid fever is shown to have a tenacious grip on the city." A reformation is called for, before the floating population of the city is so largely augmented. We would inform our editorial friends across the water that they need have no fears from a pestilence if they visit our shores in '93. They will only be in danger of becoming so completely entranced with the rush and push of this representative American city that they will "forever there abide."

Tuberculosis transmissible from Animals.

It is well known that Dr. Henry Formad has, of late, advocated that there is but little, if any, danger arising from the use of the milk and meat of cattle affected by tuberculosis. At least he declares that the danger is greatly over-drawn. The *Farmers' Review* replies to Dr. Formad's scientific conclusions and gives a warning against such dangerous teachings. Dr. Paul Paquin, one of the editors of the *Bacteriological World*, reviews the subject and concludes that the evidence is not sufficient to warrant the unqualified acceptance of Dr. Formad's conclusions. Dr. Formad has created the impression that we need not fear tuberculous cattle or milk from such animals. Dr. Paquin believes that tuberculosis is contagious, liable to be transmitted from animals to man, and therefore we cannot exercise too much care in isolating all centers of infection.

Removal of Ovaries.

Dr. J. H. Kellogg of Battle Creek, Mich., relates the following incident as told him by Mr. Lawson Tait. This famous surgeon once read a paper before an

English medical society on the removal of diseased ovaries. Subsequently he visited the same society and was greeted by a number of physicians "with soup plates full of ovaries which they triumphantly presented, but which were almost without exception, *perfectly healthy organs!*"

Treatment of Hemorrhoids.

In an interesting paper on "the treatment of piles and allied affections," in the *British Medical Journal* for March 12th, Dr. T. Lander Brunton says that the first indication is to keep the liver active. For this purpose one-tenth of a grain of aloin three times a day, with each meal, answers every purpose. The patient should always take with him to the closet some sheep's wool, deprived of its fat—not cotton wool—and some preparation of hamamelis. Dip a small piece of the wool in the hamamelis and introduce it within the anus. Saturate a similar pledget and introduce just far enough into the anus so that a few fibers will be held by the sphincter. These pads keep the hamamelis in close contact with the parts. If the hemorrhoids are chiefly internal, then a drachm or half-drachm of the hamamelis may be injected into the rectum. The hamamelis may be diluted or undiluted. It is remarkable how this will check and cure the hemorrhage. Dr. Brunton has found that some of the unofficinal preparations of the drug are better than the officinal.

Pruritus of Anus.

The same writer says that the intense pruritus and eczema accompanying hemorrhoids may be greatly lessened by applying eau de cologne to the itching surface. If the skin be tender the cologne may be diluted, otherwise not. The application causes a burning pain, which soon passes off.

The Keely Cure.

Dr. Chas. A. Dana of New York declares that the famous Keely cure does not and cannot cure a case of true inebriety. He is inclined to believe that strychnia is the basis of the Keely cure. It is probable that all good that may come from this cure is due to the strychnia.

Letters to a Young Physician.

My Dear Doctor—I can sympathize with you fully in the annoyance you are experiencing from your druggist. No druggist has a right to keep his prescription file open to the inspection of every physician. A physician might wish to see his own prescriptions, but I enter my earnest protest with yours against the freedom made of prescription files. I do not hesitate to ask my patients to go elsewhere for their drugs; and especially in such a case as yours where you know the druggist has spoken of you in disparaging terms. You ask me if it is customary for druggists to prescribe so frequently over the counter. I fear it is. The only remedy lies in your power to direct your trade to those pharmacists who do the least of this. I have often wished we might have, in this city, a few genuine pharmacies where only a legitimate pharmacy business is transacted. Remember, doctor, that when the druggist dispenses quack medicines he becomes an indispensable man to the quack. The druggist is supposed to be a pharmacist, but not a therapeutist. Unless he chances to be a thoroughly trained physician as well, he has no right to prescribe the simplest drug. But the druggists have their trials as well. The prescription you enclose to me is a chirographical curiosity. Write more clearly. Better write it in good English than in such frightful Latin! I believe, too, that you will find the older physicians prescribing fewer ingredients in each mixture. You have too cumbersome a prescription. I once heard you ask a patient what you prescribed for them the last time. "A cough syrup, was it not?" This was a big blunder. Have you not interest enough in the case to remember all about it? Then drop it. Or cannot you remember? Then write it down. Or have you too many patients to remember about each one and no time to record the cases? Then take less work. Your patient is always entitled to your best efforts while with you. When you feel otherwise, discharge them.

Very sincerely yours,

The Review.

THE
NATIONAL MEDICAL REVIEW.

VOL. I. WASHINGTON, MAY, 1892. No. 3.

THE EDITOR'S TABLE.

A New Departure.

By a recent action of the Medical Society of this city, we are able to announce a new departure from the original plan of this journal as stated in the March number. We now have placed at our disposal the interesting discussions which always follow the reading of the paper at the weekly meetings of the society. These will be entirely new to our readers and cannot be found elsewhere. We shall also publish abstracts of such papers presented, as the authors feel disposed to give us. This brings our readers in touch with a large number of the most prominent men in the profession of this country; and it brings us a step nearer the time when we hope to so enlarge our journal that we can publish the papers and discussions in full, as given by all the local profession.

Attend The Meetings.

One reason why the rooms of our Medical Society are not filled to overflowing each week is because the members are not aware of the good work there done. We venture to assert that more knowledge of practical medicine can be acquired by devoting two hours each week to these meetings than can be obtained in any other way. THE REVIEW proposes to give the profession of this city a slight idea of the good things there said and done. But this cannot take the place of personal attendance. Attend the meetings regularly. If not already a member, take measures at once to become so.

Buy Books, Doctor, Buy Books.

We have just been interviewed by an agent for a large publishing house. These agents, by the way, always have something of interest to tell, if you only get it out of them. This one remarked that it was astonishing to him how some physicians "kept house" with so few books. Probably they have not purchased a book since the day of their graduation. While the book reader may not necessarily be the wisest, the most practical, or even the best financier, yet he has the consolation of knowing that he knows. A man cannot be broad and liberal in these days who does not read. He must read much and read broad. Medicine always included the science of botany, and never before did it include so much of chemistry. The surprising results of bacteriology are giving new insights into disease, by removing the veil of secrecy which has so long covered the mysterious processes of nature. To-day we know the philosophy of things as we never knew them before. We can now give a reason for the faith that is within us. The laboratory is bringing us into the very secret chambers of nature. The practical deductions from these teachings are at marked variance with those of a few years ago. Therefore, we say, it be-

comes necessary for the man of brains to buy books. The medical book agent is a friend to the doctor, and he should be ever received as such.

Agents for Pharmaceutical Preparations.

The agent who calls with his samples of new or old drugs is also a valuable friend to the doctor. We rarely converse with one without receiving ample compensation. If it is a new drug we can easily and quickly learn of its merits; if one of the standard preparations we can rest assured the remedy is still holding its own amid the sharpest of competition. We can recall at once a large number of remedies that were first brought to our notice in this way; remedies we have found valuable and enduring. The agent should be a source of knowledge, rather than a thief of time.

Professional Advertising in England.

A dentist holding a diploma from the Royal College of Surgeons, Dublin, set up a dental institution and advertised extensively. Thereupon the Dublin people canceled his diploma and the Medical Council withdrew his registration. The doctor brought action against the parties and succeeded in having his name restored to the register, although he did not have his diploma returned. Unfortunately for the doctor, however, a condition was attached to his diploma wherein he promised not to advertise. Taking advantage of this, the Medical Council again removed his name from the register on the ground that his broken promise was "infamous conduct in a professional regard." The doctor again brought action, but the case was at once dismissed on the above showing.

Hypnotism.

A report comes from Professor Auguste Voisin of Paris that a young woman under the influence of a hypnotic suggestion committed the act of incendiarism. The legal aspect of such a case is very evident and important. Prof. Voisin says he believes a person may commit a criminal act while in a hypnotic condition. Of course, while in such a state the person would not be responsible. We repeat our conviction that it should be a criminal offense for any person—not a physician—to hypnotize any one.

Concentrated Force.

It is difficult to foretell these days what pharmaceutical skill will bring to pass. But certainly the announcement of Parke, Davis & Co. is almost on the line of improbabilities. They not only agree to give a pepsin free from odor and pleasant to the taste, but also guarantee it to be capable of digesting *four thousand times* its weight of coagulated egg albumen, under the usual conditions of pepsin tests. This is concentrated force with a vengeance.

Large Orders from Journals.

It occurs to THE REVIEW at once that a large number of the Medical Journals will now be offering premiums of this compressed digestive to their readers. It may enable the subscribers to *digest* some of the long, prosy and tough articles which appear with such surprising regularity. We unhesitatingly recommend this pepsin to all authors who delight in giving such "full, complete and exhaustive" reports.

English as She is Writ.

The traveler on the Avenue car line of our city has this bright, clean notice to read and re-read as he "whiles the time away": "Gentlemen are requested not to spit *on the floor* of this car." The question naturally arises, then, can he expectorate *on the seat* of the car? He is only forbidden to spit on the floor; all other parts of the car are at his disposal!

As She Should Be Writ.

To our thinking a better and truer notice would be: "Ladies will not, and Gentlemen should not spit while in this car." Here is another and better notice still: "*Gentlemen* will not spit while in this car." We congratulate the railroad company in their efforts to make the street car at least a fairly decent place for a lady to enter. But the officers of the company should remember that the word "Gentlemen" is extremely broad and means much, while the words "on the floor" are quite narrow and very limited.

A Race of Spitters.

Right here we cannot refrain from offering our earnest protest to one universal habit of the American people. We refer to the habit of expectorating everywhere and at any time. The street cars, the sidewalks, the public and private buildings, all bear unmistakable evidences of this abominable habit. It is as disgusting as it is useless. Two thirds of it is a habit which any man should have will power enough to break; while the remaining third can be permanently removed by proper medical treatment. It is no small offense to deposit a mouthful of tubercle bacilli in the way of an innocent public; while public hygiene itself demands that our highways and gathering places be free from such filth and uncleanness.

They Are Still With Us.

This city is still suffering from the presence of the unprincipled charlatan. The boldness of these operators is something appalling. Brought up, as we were, in the strict New England way of looking at things, we are forced to declare that their methods are, to our thinking, nothing short of positive wickedness. We read that as in olden times, "He said to the sick of the palsy, arise, take up thy bed and walk," so, in these modern days, by a single touch of the hand, health and vigor are restored. "The day of miracles is not past," we are told. Thus by playing upon the most sensitive and most sacred side of human nature, scores of simple people are deceived. But, listen! The money must always be paid *in advance.*

More Are Coming.

But there is room for more. And in a clipping from the advertising columns of one of our dailies we read the very climax of charlatanism. "Come, all ends of the world and be healed by the power of God . . . ." "If you have lost your lungs or any part of the body it will be restored by this gift." They "heal all manner of affliction on earth without touching with hand, neither do we give medicine." And this, Gentlemen of the Medical Profession, in the year of our Lord, eighteen hundred and ninety-two! We repeat again, it is a burning shame and an outrage that such things do and can exist.

A Sublime Gift.

Do the Medical Profession of this city fully realize the seriousness of the question we are discussing? What shall we say to such declarations as these, "Go and witness the most sublime gift that ever came from Heaven." "He" (God) "has blessed him with a power to cure disease by a touch of his hand." We simply say that the Profession is not doing its duty to the people at large until it puts forth every possible effort to bring about a cessation of such scenes. It is a blot on our profession and we should wipe it out. May we soon have a Medical Bill for an eraser!

Beginning to Quarrel at Home.

Nothing will destroy a house more surely than fighting within its own walls. There is a faint glimmer of hope

that such may soon be the case in our own city, in the family of mountebanks. For we read "we do not think it necessary to resort to scurrilous abuse of other cures even if they do produce a few crazy people and physical wrecks." Evidently the writer changed his mind very quickly; for in the first part of the sentence he does not think it necessary to abuse, and immediately proceeds to pour forth his abuse. Should they destroy themselves they will only be aiding us in our philanthropic efforts.

A New Use for a New Drug.

The latest news from the small boy, the son of a physician, is to the effect that just before his father was about to chastise him he called for a dose of a new drug, remarking he had seen it advertised "to kill pain." This opens up a wide and untilled field for the anti-kamnia people. They may soon find themselves as popular with the small boy as is Pears' soap with the baby. Neither can be happy till he gets it.

Even Editors can Make Mistakes!

When we announced in our last number that we were required to put a one cent stamp on each copy of our journal mailed to city subscribers, we should have added that to outside subscribers the rates were but one cent, not two, a pound. Our subscription books are still open, however, and there is plenty of room.

Papaine. Papine.

On page 27 of our April number we wrote the word *Papaine*, when it should have been *Papine*. Thereby hangs a moral, and a strong one, too. While it is true that papine would not likely be prescribed for papain (carica papaya) yet we must regard it as unfortunate that two words are so nearly alike, especially when one is an anodyne of much power, while the other is comparatively harmless. It is evident that for the purpose mentioned on page 27 papain would be useless, while papine might answer because of its anodyne power and its freedom from the narcotic element.

Poisonous Tablets.

We not only find the names of drugs quite similar, but also a marked resemblance in their appearance. Take the tablets of corrosive sublimate, for instance. They are not unlike many other tablets in general appearance, and could be easily mistaken for tablets of the simplest kind. This should not be so. All highly poisonous drugs, in whatever form, should be so dispensed that the danger of an error is reduced to the minimum. At the present time this is not true.

"The Microscope" in Washington.

One of the strange coincidences by no means uncommon to all, has just occurred to the editor. The old journal "The Microscope," which he first launched in 1888, after being tossed about on many stormy seas, now comes into port here at Washington. We welcome the return of our first love and now introduce her to her brother, younger by eleven years, THE NATIONAL MEDICAL REVIEW.

The Rest Cure.

We read not a little of the rest cure, first presented by Dr. Weir Mitchell. The patients are kept in bed for a number of weeks, over-fed, and entirely free from all mental and physical activity, at least so far as this is possible. Our observation, for many years, has been that a large number of persons are continuously trying the Weir Mitchell cure, only, perhaps, in a slightly modified form. These persons lie in bed a good part of the time, over-eat, and do as nearly absolutely nothing as is possible.

They were apparently born with the "rest cure," and have never been able to throw off the congenital inertia.

Biographies of Eminent Physicians.

We have an announcement of the publication, in the near future, of a biography of eminent American physicians and surgeons. The work will be sold by subscription and the edition will be limited to five or ten thousand according to orders received. The price of the book will be from $8.00 to $10.00, according to style. We are told that all who wish it must subscribe early. Now we do not like this sort of thing and we cannot understand how the profession can give it support. There is always a faint suspicion lingering around such an enterprise that something besides professional "eminence" is necessary to secure an illustrated biography of one's self. Besides this, it is absolutely impossible to give anything like a complete list of the "eminent" men in the profession. For instance, in this city alone we can furnish at least twenty names as truly "eminent" as any in America. Yet how many of these will be in this proposed work? But more than this: the twenty names we might furnish would not be the same twenty others would mention. Therefore, the result would be unsatisfactory. No one book; no one author; no one firm can approach in completeness such a work. Yet the book will sell and there will be money in it.

Christian Science and Divorce.

The so-called "Christian Science" has played quite a small part during the past few years in the healing art. Now it appears in court in an entirely new sphere. It seems that one Robinson was married and lived happily with his wife for two years. At the expiration of that period she became a believer in "Christian Science," and thereafter practiced the healing art. The husband continuously objected to this, but to no purpose. He soon became despondent, neglected his business, and suffered much mental distress. Four physicians testified that if continued, this condition of things would endanger the reason and undermine the health of the afflicted husband. Abundant testimony was introduced to show that the wife was kind, generous, peaceable, and that she was evidently sincere in her work. But under the Statutes of New Hampshire a divorce was granted.

Chicago Outdone.

We can no longer point to Chicago as the resort for all couples who desire an easy and speedy separation. Chicago has lost her laurels and good old New Hampshire has them on her brow. Such proceedings cannot be too strongly condemned. Soon a difference of opinion in politics, hygiene or diet may be regarded as sufficient to allow a man to leave a "kind, tender, generous and peaceable wife." Having thoroughly investigated this "Christian Science," and being acquainted with a number of its most ardent followers, we are forced to state that while we would have no desire to enter into matrimony with one of these *heal*ers, still, having once put our *foot* into it, we would thereafter *toe* the mark.

Cease Belittling Each Other.

We are sometimes inclined to believe that the members of the medical profession do not always show a proper spirit of courtesy and appreciation toward each other. In the case of the recent endeavor in New York to ascertain the mental condition of E. M. Field there was a great array of expert physicians. In fact, we are told no such array of expert witnesses has been seen

in the courts of this country since the trial of Guiteau. A large number of experts positively testified that Mr. Field was of unsound mind, while an equally large number asserted his sanity. Two of the physicians were not exactly in the closest accord, each saying the other "made him tired."

If possible, let us agree; if not, still let us exhibit to the public a spirit of courtesy and an appreciation of professional ability. Expert evidence will be of even less value than it is if we do not cease unnecessary disagreement.

An Honored Visitor.

During the past few weeks we have been enjoying the company of a former colleague, Corydon L. Ford, A. M., M. D., LL. D., Professor of Anatomy and Physiology, University of Michigan. Professor Ford is probably the best known teacher of anatomy in this country, if not in the world. With the close of this college term ends his fiftieth year as a demonstrator and teacher of the structures of the human body. Professor Ford has given one hundred and seven complete courses of lectures on Anatomy, a record not excelled in the history of teaching. And what lectures! The dryest bone was made to tell an interesting story, while the dullest student was forced to believe in the beauties of the sphenoid! A happy old age to our beloved teacher and friend.

Reading Notices.

A tremendous wave of "dignified journalism" seems to have struck the editor of one of our bright exchanges. He is especially wrought up over the immorality of the reading notice. The writer of the article declares that "the act of smuggling an advertisement into the reading or editorial columns is deception and fraud." These are altogether too strong terms. One conclusion easily drawn from the article is that an editor may say anything good about anybody except the one who advertises in his journal. The writer advises all subscribers to resent the insult to his intelligence and morality by stopping his subscription. Now this is all bosh and nonsense. If we choose to accept the advertisement of a firm, that fact alone proves we have faith in their goods; at least such is the case with THE NATIONAL MEDICAL REVIEW. If our attention is called to some drug as especially valuable, it is not only our duty, but our pleasure as well, to let our readers know the fact. When reading notices are absolutely under editorial control they are neither immoral nor are they frauds.

Accept the Invitation.

Many of our readers have seen three numbers of this journal and they can judge fairly well of what to expect in the future. We can simply add, we hope to receive sufficient local support to justify us in increasing its size and broadening its scope. We will not be satisfied until we can furnish the proper medium through which the local profession can give to the profession at large its best and its constant work. Therefore, will those of our local readers who intend to subscribe sometime do so now, and thus give us their financial and professional support? If you do not have the exact change at hand, by signifying on a postal your desire to subscribe, we will send a messenger, in due time, for the subscription price.

Training-School for Nurses.

At a meeting held at the Children's Hospital of this city, in March last, preliminary steps were taken toward establishing a Hospital Training-School for Nurses. The meeting was attended by

representatives of the four hospitals and the school for nurses. The five institutions decided to unite in forming some plan for the establishment of a hospital training-school for nurses, and, after discussing the subject in its different phases, a committee consisting of Dr. W. W. Johnson, Mr. F. H. Smith, Dr. H. L. E. Johnson and Mr. Reginald Fendall was appointed to draw up a plan for such an organization and its support.

Choose your own Doctor.

The *Woman's Tribune* of this city takes issue with this journal in our efforts to further the passage of the Bill for the Regulation of the Practice of Medicine in the District. It says that as long as the cemeteries fill up so rapidly with persons who have taken forced leave of this mortal sphere duly ticketed with the certificate of regular physicians, let the irregulars have their chance to experiment also. It is well known that medicine is not a fixed science, but constantly changing, as better results are being worked out by "irregulars," as all new theorists must be at first, and by the two schools which have the practice pretty much all their own way, but which being diametrically opposed, one or the other must be teetotally wrong in each instance. The "personal liberty," which is dearest to everybody, is the liberty to employ any doctor, or none; and Government has no more right to curtail this liberty than it has to say at what shop we shall buy our clothing.

Two Journals for Price of One.

The following offer is made to new subscribers: *The Maryland Medical Journal*, weekly, price $3.00; and THE NATIONAL MEDICAL REVIEW, monthly, price $1.00; both journals for three dollars.

The Cotton Crop. The College Crop.

What are all the young going to do? Can the practitioner of medicine conscientiously advise a young man to enter a profession so overcrowded? What is to be done when the price of cotton is not sufficient to pay the bare cost of its production? "Limit the supply," the growers have declared. For this purpose large meetings have been held throughout the South, and strong measures are being taken with the view of limiting the acreage.

Gentlemen of the medical schools, limit your acreage!

THE PROGRESS OF MEDICINE.

Infant Feeding.

In the *Medical Bulletin* for April is an article by Dr. J. Page Burwell of this city, on Infant Feeding. The doctor discusses the theoretical side of the question and quotes Professors Woodbury, J. Lewis Smith, and other eminent authorities as agreeing that dextrin is superior to any other form of cereal food in its ease of digestion and freedom from fermentative changes. He says that the boiled flour practically recommended by Professor Smith is practically an imperfectly prepared dextrin. Too much importance has been given to the indigestibility of starch; for many of the most successful foods on the market are largely composed of starch. Babies like neither doctors nor chemists; therefore a food must not simply be chemically correct, it must also be nutritious and palatable. No scientist can make a baby take a food it does not like; and no chemical analysis can prove a food is suitable and nourishing if the child does not thrive upon it.

The doctor says no whole milk food has yet been successfully produced,

though many attempts have been made. The unstable milk fat and the changeable character of the albuminoids found in cow's milk will, the doctor thinks, forever prevent such a food from being produced. So far the milk foods placed on the market are deficient in albuminoids, milk fat, or some other important constituent. The most satisfactory food for infants that the doctor has found is cow's milk sweetened with sugar of milk, diluted from one-third to one-half, to suit the age and condition of the child. A peptonizing tablet is generally added, and a few drops of bovinine. The bovinine makes the mixture more nutritious, is easily digested and is readily assimilated. He quotes Dr. Wm. M. Gray, the well-known microscopist at the Army Medical Museum of this city, as saying that bovinine is entirely free from bacteria; that in it are large numbers of blood corpuscles, practically unchanged; minute fat globules; and crystals of leucin and tyrosin. The article concludes by relating cases where the above mixture was used with remarkably good results at the Foundling Asylum of this city.

Formula for Bovinine.

Just in this connection it might be well to give the formula for bovinine. Said formula has been on our table for some weeks, and we now give it to our readers:

65 per cent	Defibrinated Bullock's Blood.
19 per cent	Desiccated Egg Albumen.
10 per cent	Old Bourbon Whiskey.
5 per cent	Chemically Pure Glycerine.
1 per cent	Boracic Acid.
Total, 100	

The fact that 65 per cent of this preparation is blood, makes it possible that one of the characters in Shakespere calls for a glass of bovinine when he exclaims, "Stiffen the sinews; summon up the blood" (bovinine)!

Treatment of Fractures of the Femur.

At a late meeting of the Medical Society of this city, Dr. N. S. Graham read a paper on Simple Fracture of the shaft of the Femur and its Treatment by the long Splint. Dr. Graham strongly advocated this method of treatment and gave a history of his success in its use. In discussing the paper Dr. Kerr stated that his objections to this method of treatment were these: The pressure on the perineum does not afford sufficient extension where there is much overriding of the fragments; and the perineal band will produce excoriation, and become soiled even when covered with oil silk. Speaking generally, surgeons were against the use of the long splint. No case should be treated by the immediate application of the plaster bandage, except for purposes of transportation, or where the fracture is slight. The essential points in the treatment are these: a suitable bed, with a flat, even surface; an accurate diagnosis, under anæsthetics if necessary; proper adjustment of the fragments with the coaptation splints; and Buck's extension apparatus.

New Fracture Box for Femur.

Dr. C. W. Brown of this city in discussing Dr. Graham's paper, described a fracture box of his own invention. Dr. Brown uses no coaptation splints, but packs the box with cotton. He raises the foot of the bed, and, in a majority of the cases after the first week, he removes the weight and pulley, and depends upon the straps of his apparatus for making extension.

Suppurative Disease of the Attic.

At a meeting of the Medical Society of this city for March 16th, Dr. C. W. Richardson read a paper on Removal of the Membrane and Ossicles for Suppurative Disease of the Attic, reporting a number of cases successfully treated in this way. Dr. Swan M. Burnett said that the operation was a comparatively new one. If there was no involvement of bone and the suppuration was confined to the mucous membrane of the tympanic cavity the treatment was satisfactory. Where the necrosis did not get well, the individual went through life suffering. Where there is disease of the drum cavity and its roof, the important step is to open the roof and let out the pus, when the relief is immediate. Any other local treatment is impossible for obtaining permanent relief. The rational treatment is to remove the necrosed bone, for, if no good is accomplished, no harm is done.

Lobar Pneumonia, a Specific Disease. At a meeting of the Medical Society of this city for March 30th, Dr. L. Emmett Holt of New York read a paper on The Treatment of Acute Pneumonia in Young Children. In discussing this paper, Dr. Wm. Osler of the Johns Hopkins Hospital said he believed lobar pneumonia to be a specific disease with local manifestations, and due to the toxic effects of a specific poison, most marked in the lungs. As in tetanus, the greatest results have followed the discovery of the germ which is toxic, so he believed we might hope for an antipneumotoxine to neutralize the pneumotoxine, the etiological factor in this disease. The theory that this disease is due to telluric influences has been abandoned, as the definite poison, pneumotoxine, has been isolated. So we may hope for the discovery of an antipneumotoxine, which will cure the disease.

Antipyretics in Lobar Pneumonia. Dr. Osler does not use the antipyretics in the treatment of lobar pneumonia, but relies upon the external application of cold. Patients suffering from high temperatures were placed in a bath of 70 degrees, F. The use of the ice poultice to the chest in pneumonia patients he had first seen recommended in Niemeyer's work, and he was afterwards horror-stricken in seeing it applied in Leyden's clinic. But he now believed it to be superior to the hot poultice. Dr. Busey said he believed many people had been killed by the injudicious use of antipyretics, and he had certainly seen cases in which others had given it with disastrous results. In this class of cases where cardiac failure was one of the most common complications he could not see any good from heart depressants. At a recent meeting of the New York Academy of Medicine, Dr. E. G. Janeway said he still thought well of the coal-tar antipyretics in spite of their present disfavor. He prefers phenacetine to antifebrine, and thinks their use often attended with less harm than cold sponging or the cold pack.

Can Pneumonia be Aborted? In reply to Dr. Holt's statement that lobar pneumonia could not be aborted, Dr. Charles E. Hagner of this city stated he had never seen but one case of pneumonia aborted and that was in a child four or five years of age who had taken, by mistake, medicine intended for another patient. In two hours the child had taken forty grains of salicylate of soda and he had found it in collapse. After recovery from the collapse under the free use of stimulants and heat all symptoms of pneumonia had disappeared, although before, they were unmistakably present. Dr. S. C. Busey of this city believed that croupous pneumonia was a specific disease which had a definite course to run; nevertheless there was a certain number of cases which were aborted, that is, in which resolution took place sooner than it would in the ordinary course of the disease. Any case ending before the fourth or fifth day was an aborted case. So he was led to believe that we might hope for some means to accomplish, artificially, a result which nature sometimes attained. In his own experience he did not know of a case of pneumonia aborted by treatment. He had no evidence to advance, but it must be inferred from analogy that pneumonia might be aborted. At a recent meeting of the New York Academy of Medicine, Dr. G. B. Fowler said he believed that pneumonia could be aborted. For this purpose he relied solely on counter-irritation. He put on the strongest mustard he could get. Dr. E. G. Janeway said he had been led to believe, from his own experience, that pneumonia had been aborted by appropriate measures. If called within half an hour or an hour after the chill he at once adopted methods to drive the blood to the surface, to control the heart and to quiet the nervous system. Appropriate measures were the hot foot-bath, liquor ammoniæ acetatis, and aconite.

Sustain the Heart's Action. In discussing Dr. Holt's paper as already mentioned, Dr. Osler further remarked that alcohol is of the very first importance as a cardiac stimulant. The majority of deaths in pneumonia occur from heart failure and are not directly due to the diseased lung. The evil effects of the exudate in preventing the lungs from acting were not of much moment, for in animals the use of one

lung can be shut out with impunity. So in man, life may be sustained a long time after one lung has been practically destroyed by disease. The symptoms were not due to the physical condition of the lung, but to the effects of the toxic material, which usually kills by weakening the heart's power.

Are There Expectorants?

Dr. Holt had declared in his paper that there were no such drugs as expectorants. In reply to this Dr. Chas. E. Hagner of this city said he would not go so far as Dr. Holt, for he was satisfied that he had obtained good results from the ammonium carbonate used as an expectorant. Dr. Busey said he once held there were no expectorants, that is, drugs which have a specific effect upon the respiratory mucous membrane; but he had frequently used the ammonium carbonate and fancied he had good results from it. Dr. W. W. Johnson of this city said he had never believed in expectorants, and the ammonium carbonate was not an exception. So long as there were professors of materia medica to teach there would be doctors to implicitly believe in the efficacy of the so-called expectorants.

Management of Lung Fever.

Dr. Henry F. Walker says that in the nomenclature of lung affections "pneumonia" ought to be limited to the catarrhal process, involving the deeper tissues, as well as the mucous surfaces of the bronchial tubes, while "lung fever" should describe the disease that consolidates the lobes, and that is often so prevalent as to be epidemic. The writer ranks lung fever high among the infectious fevers, and, therefore, hazardous to the attendants. It should be treated as an infectious disease and attendants should be warned as to their personal care. The article appears in the *Medical Record* for April 9th.

Treatment of Tuberculosis by Creosote.

In the same number of the *Record* is a paper written by Dr. Geo. H. Penrose of this city and read before our District Medical Society. Dr. Penrose is assistant surgeon at the United States Soldiers' Home of Washington. In over two hundred cases the use of creosote has been carefully studied, and the conclusion drawn that it is pre-eminently the most satisfactory medicament yet used to ameliorate the distressing symptoms of tubercular patients. Most of the patients have the chronic variety; and many have reached the latter stage of the disease when they come under the doctor's observation. As soon as the diagnosis of tuberculosis is made the patient is given pure beech-wood creosote, in the form of an emulsion of cod-liver oil and acacia, each drachm of the emulsion containing two minims of creosote; of this a teaspoonful is administered three times a day for the first week, when it is increased to a teaspoonful every three hours for another week. If the mixture causes nausea the patient is directed to lie down for half an hour after taking the medicine when this tendency disappears. Dr. Penrose believes that the drug must be given in comparatively large doses and continued for a long period of time; and that the reason why the profession has not had better success with the remedy is because of a failure to comply with these two requirements. The results have been so highly satisfactory, the writer is warranted in saying that in creosote we have a drug of infinite worth.

The Contagion of Tuberculosis.

Two great achievements in medicine mark the decade now closing, the increased knowledge of the cause of infectious diseases and that these diseases are, in a measure, preventable. Outside the bodies of living beings the tubercle bacillus is especially found in the flesh and milk and discharges of tubercular cattle, and in the excretions of tubercular persons. But the most common and abundant place for this germ is the sputum in pulmonary tuberculosis. The breath of consumptives conveys no germs, except those cast off in coughing. That tuberculosis is communicable is only too strongly proven by the yearly death-roll of its victims. What was once thought to be hereditary transmission of the disease is now often found to be household poisoning. The chief element in the conveyance of tuberculosis is the uncared-for sputum of tuberculous persons. The degree of conta-

giousness depends largely upon the comportment of the victims themselves. These are some of the thoughts found in an interesting paper by Dr. T. Mitchell Prudden in the N. Y. *Medical Journal* for April 16th.

To Limit Contagiousness of Tuberculosis.

From the paper of Dr. Prudden's, just reviewed, we quote the following words, which are just to the point. We only wish the public press might catch the thought embodied in the selection, and begin a wholesale and wholesome attack on spitting, the long skirt, and filthy places for public gathering: "If the vile and increasing practice of well-nigh indiscriminate spitting goes on unchecked in nearly all assembling places and public conveyances; if the misguided women who trail their skirts through the unspeakable and infectious filth of the street are to be admitted uncleansed into houses and churches and theaters; if theaters and court-rooms and school-houses and cars are to remain the filthy lurking-places of contagia which their ill ventilation, and their mostly ignorant and careless so-called cleaning necessarily entail; if in sleeping-cars and hotel bedrooms the well are to follow consumptives in their occupancy without warning or even the poor show of official disinfection; if in ill-ventilated and ill-cared-for dwellings the well must breathe again and again the dust-borne seeds of tuberculosis; if no persistent warning is to be given to the ignorant of the dangers which lurk in uncleanliness—then our task will be most complex as well as difficult in limiting the contagiousness of tuberculosis."

Biblical Medicine.

In the transactions of the New York State Medical Association is a paper read at the last meeting of said association by Rev. W. C. Bitting. It is a most interesting paper and shows much study. Each branch of medicine is taken up and illustrated by references to biblical medicine. Under "Obstetrics," mention is made of the midwives who had entire charge of this branch. The use of the delivery stool is mentioned, and also the method of caring for the new-born child. Monstrosities are alluded to, and false conception was known. Under "Pathology," a list of the diseases then known is given, including ophthalmia, leprosy, boils, ulcers, dropsy, apoplexy, consumption, rheumatism, epilepsy, dysentery, hemorrhoids, etc. "Therapeutics," "Anatomy" and "Surgery" are discussed. Under surgery the writer says that only two surgical operations are mentioned. Both were on males, circumcision and castration. For circumcision a sharp stone was used. Moses' wife performed the operation on her sons. Joshua engaged in the wholesale practice of it, and David gave King Saul a dowry of one hundred Philistine foreskins for his daughter, Michal. Under "Hygiene," the writer says Mosaic medicine is superb. That the Hebrew race were so free from great epidemics was probably due to the rigid enforcement of the laws of preventive medicine. "The American hog would have no place on the bill of fare of a Hebrew banquet." "The very idea of a modern Chicago or a Cincinnati piggery into one end of which a herd of filthy swine are driven, and out of which comes at the other end in a few minutes an assorted miscellany of hams, sausages, pickled feet, lard, etc., would have thrown Moses into a spasm." The whole article is twenty-four pages in length, but full of interesting facts, written in a very taking way.

The Metric System.

In the *Medical Fortnightly* for April, Prof. H. M. Whelpley of St. Louis writes on the metric system in medicine and pharmacy. Dr. Whelpley says that in less than a year the seventh decennial revision of the Pharmacopœia will be in the book market, and among its new features will be the adoption of the metric system of weights and measures. This means that the druggists are to use the metric system in manufacturing the official preparations, but does not necessarily mean that the physicians are obliged to adopt the system. One of the effects of the adoption of the metric system is that some of the wholesale manufacturers are putting up their goods in containers graduated to metric terms. We can no longer buy a pound

bottle of Squibb's chloroform, but must order five hundred grams.

All that is Necessary. The American Association for the Advancement of Science says that the following six lines is all that is necessary for the physician to learn in order to prescribe in the metric system:

1,000 milligrams make 1 gram.

1,000 grams or cubic centimeters make 1 kilo or liter.

1,000 kilos make 1 ton.

65 milligrams make 1 grain.

15½ grains make 1 gram.

31 grams make 1 ounce, Troy.

Treatment of Headache. In the *Medical Record* for April 2d, is an interesting article by Dr. Joseph Collins of New York on the etiology and treatment of headaches. In the article, which occupies four pages, Dr. Collins tells us that one writer alone gives sixty-nine different substances used for the relief of headache. The doctor mentions "two remedies which stand out prominently above all others as pure medicinal measures." They are the salicylates and the chloride of ammonium. Of the former, salol or salicylic acid will do the most good. Of the latter, wafers containing thirty to sixty grains should be administered every two to four hours for three doses.

Cold Water and Headache. The same writer adds that if the headache be dependent on diminished blood pressure it may be frequently relieved by sipping a glass of cold water; that is, swallowing the cold water by mouthfuls. It has been proven that during the act of sipping the blood pressure rises; this is followed by a fall after the sipping, while this in turn is followed by a secondary and permanent rise. An increase in blood pressure is also brought about by mastication, sniffing irritating substances, exposure to cold and excitement.

Treatment of Phthisis. In a recent editorial, Dr. George F. Shrady of the *Medical Record* says that he believes it has been established that phthisis is best treated in places specially arranged for this disease. He believes that it is high time for our great public charitable hospitals to adopt the sanitarium plan. He then makes the appalling statement that one-third of all the deaths in charity hospitals are due to consumption; while in the city of New York over 5,000 persons die of phthisis annually. In a good sanitarium the percentage of recovery from phthisis is now about fifty per cent; therefore our large city hospitals should have a country annex where phthisical patients could receive appropriate treatment. The doctor concludes by saying: "We are having a great deal done for the chronic lunatics, to whom death is a release. There should be more done for the phthisical, for whom health, usefulness and happiness is a possibility."

Chloralamid. Dr. Jas. Wood of Brooklyn gives a report of the action of chloralamide, based on a study of 280 cases. He regards this drug as a useful hypnotic, reliable, safe and pleasant. It has a place as an anhidrotic in phthisis. In hypnotic doses it stimulates respiration, and but slightly, if at all, influences the pulse, temperature or urinary secretions. To obtain the best hypnotic effects it should be given to an adult in a dose of forty grains, in an alcoholic solution, just before retiring. A palatable combination, especially useful in private practice is the following:

℞ Chloralmid ..... ʒij
Tr. Cardamom. Co..... ʒi
Misce bene et adde
Syr. Aurantii.
Syr. Rubi. Idæi.....aa ʒss
M. et Sp.: From one-half (½) to one tablespoonful repeated.

—*From the Brooklyn Medical Journal for April.*

Chronic Endometritis Treatment. Prof. Baldy of the Philadelphia polyclinic gives his treatment of metritis and endometritis, in the Maryland *Medical Journal* for April 2d. In uncomplicated cases the doctor adopts at once the shortest and surest method of procedure. The patient is etherized, the cervix dilated, and the uterus thoroughly curetted. The uterine cavity is then washed out, and an application of Churchill's iodine made to the surface.

If there is free bleeding, the uterus is packed with iodoform gauze. The patient is kept in bed, and nothing more is done for a week or two, except to give absolute rest, hot water injections, keep the bowels open, and give ergot if thought best. After the woman is allowed to get out of bed, the treatment is kept up for a few weeks, by intra-uterine applications of iodine twice a week. Hot water injections should be kept up twice a day throughout the whole treatment.

Mental Derangement of Puberty. This Dr. Wm. A. Hammond terms Hebephrenia. In an article of nine pages in the April number of the *Virginia Medical Monthly*, Dr. Hammond describes this peculiar variety of insanity. Hebephrenia is most likely to make its appearance a year or two after puberty. There are rarely any symptoms of a marked character. The prognosis is not so unfavorable as was formerly held, but the patient must be removed from his home surroundings and subjected to scientific and strong minded discipline.

Treatment of Pyosalpinx. The same journal contains an article by Dr. Llewellyn Eliot of this city on the conservative treatment of pyosalpinx. While conservatism is too frequently the cry of timidity or ignorance, yet a wise conservatism is sometimes thrust upon our better judgment and we are bound to accept it or retire. The doctor relates a case where an operation was refused, and therefore he tried this wise conservatism. After dilating the cervix, a uterine sound was passed into the fallopian tubes. This was quite difficult and attended with great pain. After the sound had passed into the tube, offensive pus flowed down the handle into the vagina. The recovery was rapid and complete.

Laparotomy. The *Virginia Medical Monthly* contains another interesting contribution from a Washington physician. Dr. J. Wesley Bovee reports two cases of laparotomy in puerperal septicæmia. Such an operation as a curative procedure in cases of puerperal septicæmia is attracting much attention of late. It appears that Dr. Bovee's operations are the only ones of the kind, of which there is any record, in the District of Columbia.

Preliminary Treatment, Cataract Operations. The patient should be dieted for a number of days prior to operating. Meats should be lessened and vegetables increased. One week previous to the operation, the eye should be bathed twice daily with hot water and followed with lotion boracis, and the night before the operation an ointment of hydrargyrum applied over the brow of the eye selected. The blood must be made strongly alkaline and defibrinated by the internal use of hydrarg., bichlorid., and potass. iodide pushed just beyond their tonic effects. Just before operating, the eye-ball should be thoroughly cleansed. This is the plan, in brief, adopted by Dr. L. W. Fox of Philadelphia, as given in the *Annals of Ophthalmology* for April.

Nasal Polypus. Dr. Carl Seilen describes these troublesome growths in the journal just quoted. He uses the cold snare to remove the growth, slowly turning the milled-head screw that the wire may adapt itself to the very pedicle of the tumor, and cut it off close to its incession without pain to the patient, and with but very little, if any, bleeding. To prevent the return of the polypi, the doctor operates as follows: After waiting two or three days, the old point of attachment of the growth is well cocainized with a four per cent solution of the drug, and the bone scraped with the curette, or with Volkmann's spoon, until all roughness has disappeared. Unless the points of attachment in the cleft of the middle turbinated bone be fully destroyed, we cannot prevent their return.

Nature of Inflammations. In the New York *Medical Journal* for April 23d is an article by Dr. W. P. Carr of this city on the nature of inflammations. Ten propositions are given, which the author considers already proved and acknowledged as proved. One conclusion is that the tissues of the body are able to kill and dispose of a certain variable number of most kinds of bac-

teria, and that this power is modified by the following factors:

1. The kind of tissue. 2. The condition of the tissue as to vigor of its cells and antiseptic properties of its blood plasma. 3. The kind of germ. 4. The number of germs. 5. The condition of the germ, both as to vigor in multiplying and producing poison, and as to whether or not it is accompanied by a quantity of its poison, and thus armed and enabled to destroy at once a number of cells in its immediate vicinity, and thus gain time for reproduction. Every form of acute inflammation is a conservative process; it is only an excessive activity or exaggeration of the normal functions of living tissue. Inflammation consists essentially in all cases of a warfare of the blood elements upon bacteria and a replacing of destroyed tissue by round cells from the blood. Why, then, may we not define inflammation as *an unusual activity and concentration of blood elements in a tissue for the purpose of repairing injury or repelling noxæ.*

Tight Lacing. Dr. Henry Conkling criticises the report of a post mortem recently held in Edinburg, the principal object of the report being to show the effects of wearing tight-fitting corsets. Dr. Conkling says that in the great majority of cases tight lacing gives rise to no signs or symptoms. Tight lacing is very common, but diseases from it are uncommon in an equal proportion. It is a question, therefore, if the wearing of stays produces the evil effects that are so commonly stated. The article is in the April number of the *Brook Medical Journal.*

Treatment of Endometritis. Dr. J. Marion Sims treats this obstinate affection as follows: Under an anæsthetic the cervical canal is thoroughly dilated, and then curette the whole utero-cervical canal, removing also any enlarged glands that may be in the uterine cavity. The uterus is packed with gauze to secure drainage; or a self-retaining intra-uterine stem is inserted, which the patient is allowed to wear for some months after the operation. This latter method is the better; it is more cleanly and more efficient.—*From the International Journal of Surgery for April.*

Piperazine in Uric Acid Diathesis. In notes on New Remedies is an extended account of the action of this drug as a solvent of uric acid. It dissolves the deposit, whether occurring in stones in the bladder or in accumulations in the joints causing gouty pains. It is readily excreted, carrying with it the dissolved deposit. It is non-poisonous, non-irritating, and could be used hypodermically if necessary. It can be injected into the bladder also. In the treatment of rheumatic and gouty diatheses it can be suitably combined with phenocoll. Piperazine should always be given in dilute solution, either in plain water or mineral water; never dispense in pill or powder form. About 15 grains can be dissolved in a quart of water. This quantity should be taken daily, at desirable intervals, to quench the thirst. A more agreeable drink consists of one pint each of plain and carbonated water, with the 15 grains piperazine.

Nervous Exhaustion, Treatment. Dr. W. B. Moore, vital statistician to the Health Department of this city, relates in a communication before us, the value of a combination of ale and peptonized beef in cases of broken-down system with indigestion and nerve weakness, accompanied by mental despondency and especially where alcoholic stimulants are contra indicated. The combination is especially recommended in the nervous prostration following the grippe.

Treatment of Gout. In a small treatise on this subject recently received, we have brief cullings from the great work of Dr. A. B. Ganod of London on the same subject. The pamphlet relates particularly to the use of alkalies in the treatment of gout and rheumatism, and especial mention is made of the value of lithia waters, or a combination of lithia and potash. It is well known that one of the most remarkable properties of lithia is its power of imparting solubility to uric acid. Based upon the writings and

teachings of Dr. Ganod an artificial carbonated water has been prepared called the "Ganod spa."

Specialists in Olden Time.

Herodotus says of Egyptian physicians that each physician was for one kind of sickness and no more. "There are physicians for the eyes, physicians for the head, physicians for the teeth, physicians for the stomach, and physicians for internal diseases."

Thanks, Friends, Thanks!

"Stowell is an 'old fellow' at editing, having for years controlled the *Microscope*, when he was professor at the medical department of the Michigan University. It is unique in its make-up, and is sure of success."—*Leonard's Ill. Med. Jour.*

"The journal is very readable and is edited with a display of industry and ability which Dr. Stowell's friends always expect of him. We wish the new enterprise every success."—*Physician and Surgeon.*

"The doctor's aim is a good one, and we feel confident that, if the present high standard of the journal is maintained, it will fill a long felt want and prove a valuable addition to the busy doctor's library. We wish him success."—*International Journal of Surgery.*

"Dr. Stowell has an established reputation in his profession, and the REVIEW shows him to have the instincts of a journalist. The magazine starts out well patronized with medical advertisements, and its bright paragraphs will interest readers of all classes."—*The Woman's Tribune.*

The Ship sails Well.

From one of our advertisers we received the following: "The REVIEW seems to sail well and we have decided to embark with you at once without solicitation. Enter our order for a half page ad., for one year."

A Pleasure to Advertise.

Another advertiser writes: "It affords us much pleasure to advertise in such a progressive and well edited paper as yours. We accept your offer and will take one page ad. with you."

A Readable Journal.

Still another advertiser says: "You have a most readable journal. I have read every word in the number just at hand. You have our best wishes."

Bright and Brainy.

And another advertiser writes: "We highly approve your bright and brainy April number."

No Regrets.

One more advertiser writes: "We nearly always regret going into a new journal. No regrets on your account, however."

That fish is especially a brain food is no more true than that frog's legs should always be eaten before going to a hop.

Sir Morell Mackenzie's fee for attending the Emperor Frederick was $60,000 it is said. Taking Dr. Mackenzie's book as a guide, one would think the fee was none too large, if "honored feelings" are to be considered.

At the annual meeting of the Medical Association of this city, the following officers were elected: N. S. Lincoln, president; C. H. A. Kleinschmidt, first vice president; H. L. E. Johnson, second vice president. James Dudley was re-elected secretary, and Samuel S. Adams treasurer.

Reviews.

A SYSTEM OF GYNECOLOGY, based upon a translation from the French of Samuel Pozzi, M. D. Revised by Curtis M. Beebe, M. D. Complete in one volume, 359 illustrations. Price, cloth, $6.00; sheep or half morocco, $7.00. J. B. Flint & Co., New York.

Many of our readers are already familiar with the elegant two-volume edition of this work as translated by Brooks H. Wells. Here we have in one volume, as revised by Dr. Beebe, the very cream of the two-volume edition, and of course, at one-half the price. Pozzi's work may be safely called not only the latest but one of the very best, if not the best. There is nothing about the work that would make one surmise its foreign authorship. It is advanced in every department, and the literary style is concise and clear. The text is rendered more clear by the aid of 358 illustra-

tions, many of which are original. The progressive practitioner will need a copy for his working library. Any of our local readers contemplating the purchase of the book can inspect our copy, should they so desire, before purchasing.

FLINT'S CONDENSED COMPLETE ENCYCLOPEDIA OF MEDICINE AND SURGERY. By various writers. Arranged upon a new system which embodies the methods of treatment employed by many eminent practitioners of medicine. (45 wood cuts.) Complete in two volumes. Vol. I, A to I. Price per volume, cloth, $6; sheep or half morocco, $7. J. B. Flint & Co., New York.

This is another recent work issued by the same house as the preceding volume. The volume before us, Vol. 1, presents the subjects in a concise and practical form and with a completeness scarcely to be expected in a work of this character. For instance, we chance to open the book at "Aneurism," and we find twenty-seven pages devoted to that subject. There are twenty pages under the head of "Hernia." The more common as well as the more important surgical operations are given. Considerable prominence is given to the treatment of disease, this part being exceptionally complete. The clear descriptions, the conciseness, the completeness and the price of this work will guarantee it a large sale. Any of our local readers contemplating the purchase of the book can inspect our copy, should they so desire, before purchasing.

HIGHER MEDICAL CULTURE; medical science based on the four vital properties and laws of organic force. By W. R. Dunham, M. D. Cambridge, 1892. 12 mo, pp. 215. Price not stated.

"This volume defines the several vital properties of life, with their alleged sphere of fulfillment and compensating relations of purpose." It deals with philosophical subjects not often presented through medical literature.

TRANSACTIONS OF THE AMERICAN PEDIATRIC SOCIETY FOR 1891. Large 8vo, 250 pages.

This is the bound proceedings of the Pediatric Society at its session in this city in September last. Dr. S. S. Adams of this city was the secretary and still retains that position. The fourth annual meeting of this society occurs in Boston May 2d, 3d and 4th. A programme can doubtless be obtained by addressing the secretary at 1632 K Street. Dr. Adams is down to discuss a paper on "The Relation of Rheumatism and Chorea."

Letters to a Young Physician.

MY DEAR DOCTOR—The question you ask is one that has perplexed me much, but I am inclined to believe that the straws are blowing in the direction you indicate. "Shall doctors carry their own medicine?" Years ago you know the doctor did so exclusively except in the larger cities. To-day the country doctor is obliged to do so to a great extent. I know of but one strong reason why all physicians should not do so now. The objection is this: If the physician does not chance to have with him just the remedy he thinks most appropriate he will be likely to substitute something not so good. The reasons why he should carry his own supply of drugs are many. I would advise you, therefore, to carry a large assortment of medicines, put up in the compact form of triturates or tablets. You can prescribe your malts, cod-liver oil and all bulky preparations; but for the great per cent of your cases you can easily supply your own medicines. Your second query is one for which there is no positive remedy; that is, how can we prevent our patients from having their prescriptions re-filled again and again? I know of but one way to check this evil. When you write your prescription tell your patient to be sure and see you before having it renewed, that too much of the remedy might be harmful. Otherwise your patient might say, "I have taken twelve bottles of Dr. Smith's medicine and I am no better." As a result, you are in but two dollars for the one prescription and your skill is questioned, while your druggist has profited six or eight dollars and has suffered no injury. If possible, prevent these wholesale renewals. You ask me, also, if there is not some way to stop your being annoyed by receiving so many circulars. I hope there is not. Read these drug circulars carefully. Do not commit them to the waste basket. They often tell of some new drug of great value, or of new uses of an old drug. Remember, doctor, the man who says he "has no time to read" is a man who is in a rut so deep he cannot see over its edges. Always be ready to progress.

Very sincerely yours,

THE REVIEW.

THE
NATIONAL MEDICAL REVIEW.

VOL. I. WASHINGTON, JUNE, 1892. No. 4.

THE EDITOR'S TABLE.

The Medical Society.

The meetings of the Medical Society of this city during the past month have been full of interest and profit. The attendance has been good and the discussions have been brisk and interesting. But some of our members have never learned the definition of that little word, brevity. It is the elegance of speech, as well as the soul of wit.

The Medical Bill.

We are informed that this desirable measure is progressing with the speed usual to parliamentary affairs. The bill now in the hands of the chairman of the District Committee is not altogether satisfactory to the profession. To meet the demands of medical justice it is being revised. In its amended state it will soon be submitted to the Medical Society for its approval, when, it is hoped, it will be favorably considered. Senator McMillan has taken much interest in the measure and is desirous of doing everything possible for the best interests of all concerned.

Deluded Women.

Much is written these days about the desire for women to take advantage of the bargain counter, or bargain days. "Come early," the advertisement reads, "and take advantage of these astonishing bargains." And the stores are crowded and their treasuries filled. It is so in other matters. An advertisement of a mountebank in one of our city dailies calls for the people to come quick before he leaves the city, when they will always regret their delay. Strange the public do not see that when a man thus states his case he is speaking against himself with all possible force. After the doctor leaves to whom will his patients go for advice? If what he promises fails to come to pass, what recourse have they? We put the words "deluded women," as a side-heading to these notes, with an object in view. A friend informs us that he was curious to notice what kind and class of patients a certain "specialist" and quack had. Therefore he counted and made mental note of various facts. Here is one of his discoveries: "Thirty-seven women entered the office before one man entered." When these mountebanks are in town it is "bargain day" for the women. They all rush to embrace the great opportunity before the bargain man leaves—with their money!

They May Do Good.

Still there is one faint hope that good is actually done by these travelers. Judging from the illustrations of their patients which adorn the advertisements of the wonderful cures, one is led to conclude that, in this manner, a good photograph is obtained for admir-

ing relatives, and a most wonderful collection of astonishing physiognomies for the doctor. Such a collection would add much to the interest and excitement of any museum.

To Induce Self-Hypnotism.

We are under obligations to some one deeply interested in our welfare, for a copy of a most exciting essay. It starts out something as follows: "Theosophy holds that in the beginning all matter, mind and force existed in one central, undifferentiated cosmic unity. The evolution from subjectivity to objectivity of this undifferentiated unity is evidently to effect perfection by experience, because infinite spirit in a state of being, if not projected into a state called existence, would remain inoperative—potential, not kinetic. When these great changes are fully accomplished on all the planes of being and existence the cycle is complete, perfection is attained, the cosmic unity becomes homogeneous and once more all the processes of ideation and differentiation recommence and go on eons upon eons to eternity."

We have been greatly perplexed to know exactly whether this is intended as a prescription to prevent the whooping-cough, or as a diaphoretic in cases of a July temperature. We have cogitated over the problem until, a number of times, we have been on the borders of self-hypnotism.

Shall Women Smoke?

We are informed that some hospital authorities have recommended that women, whose nerves are irritated by small worries, resort to smoking for its soothing and comforting effects, "if recommended so to do by their physicians." Looking at this in an earnest spirit we were about ready to raise a cry of horror when several ideas flashed through our mind. Perhaps it would be a good thing! If men derive pleasure and profit from the habit, why be selfish and deprive women from sharing with them? If it is an aid in preserving the health, why not let the wife chew the weed as well? Or is her life of less value than his? But if it is all done for pleasure then is it a gigantic illustration of supreme selfishness. Otherwise, would not the kind parent be willing to share his joy with his boys and girls? To be consistent, the father who smokes should gather his family about him after an evening meal, and, seated around the hearth stone, pass the pipes or hand around the best Havanas. Let the wife and daughters each ask for a monthly allowance for tobacco, equal to that expended by the husband! The question, Shall Women Smoke, would soon be answered! If men do not believe that the use of tobacco is a filthy, useless and injurious habit, why is it they have legislated so strongly against it? In twenty-nine States the law-makers have passed prohibitory laws for boys under sixteen or eighteen years of age; and in some States it is a crime even to advise a boy to smoke. In the District of Columbia, 257 physicians, all the trustees of the public schools, and 86 pastors of churches, testified to the evil effects of tobacco. The majority of both Houses of Congress agreed with these men, as evinced by the anti-tobacco laws of the District. Thus we find statesmen, physicians, business men and pastors, all condemning the habit. Science condemns it. Eminent men condemn it. Experience condemns it. With these facts in hand, there is no danger women will smoke. Men condemn it, but continue its use. Women condemn it, and, therefore, no power could induce them to begin its use.

The Shepherd or the Sheep.

We have been often led to comment on the mental and moral development of the man who builds a fine, roomy barn and still keeps his wife and children in a small, uncomfortable and unhealthy house. It is a lamentable fact that as many a farmer begins to thrive he will exhibit his thrift, first by improving the old, or by erecting entirely new buildings for his live stock. It always appeared to us that to such a person the sheep were of more value than the shepherd. We have had occasion before to call attention to the work of certain societies who look so carefully after the street-car horses, but forget apparently all about the hard-worked driver. If intellectual power is above brute force; if man is of more value than his horse, then why fail to give to the former the same thoughtful care given to the latter? Why use every means known to science to stamp out disease in the latter and yet forget its terrible ravages among the former?

The Suppression of Tuberculosis.

The above thoughts fly through our mind as we read an article in a late number of the New York *Times* describing the law recently enacted in its State for the suppression of tuberculosis in the dairy herds. The writer says that bacteriology has conclusively proved the contagiousness of consumption; and also states that this disease is the cause of death in one case out of every seven. In a few States there are laws similar to the one recently enacted in New York. These are all well enough in their way and will be productive of much good. But why do nothing to send out of the crowded hospitals to the pure country air, the hundreds of poor consumptives? Why not give free transportation, free board and free treatment to the consumptives crowded into ill-ventilated rooms in large tenements? Instead of confining the work to the veterinarians who are to visit dairy herds, "inspecting isolating and destroying" the cattle, let the health officers visit the tenement houses and the hospitals, "inspecting and isolating," not cattle, but human beings. Let the inspection be thorough and the isolation be on the mountain side. One death in seven due to the tubercle bacillus! What are you doing, gentlemen of the New York legislature, to destroy this death-producing agent?

The Heredity of Crime.

Some recent literature on this subject points strongly to the fact that instinctive criminality is hereditary in character and interchangeable with such degenerate conditions as idiocy, epilepsy, insanity, etc. According to the views of Dr. S. A. Strahan the criminal belongs to a decaying race. The criminal who is so by instinct is found only in families whose other members show signs of family decay. Therefore the insanity or drunkenness of the parent may appear in one of many forms in the child; as, for instance, a drunken parent may transmit idiocy or insanity to the offspring. These views are corroborated by the investigations of Dr. G. S. Howe, who ascertained the parentage of three hundred idiots. One hundred and forty-four of these were the children of habitual drunkards, while over three fourths were the children of intemperate parents.

Size of Brain and Mental Power.

While it is an acknowledged fact that the brain is the seat of the intellect, yet of late it has been openly argued that the size of the brain bears no relation to intellectual power. We taught for many years and still hold fast to the belief that there does exist a relation between brain weight and

brain power. To one who has had these thoughts in mind, a contact with well known men of recognized intellectual power reveals the fact that as a rule such men have large, well developed bodies. Therefore, a large, well developed head is to be expected. The head must bear a proper proportion to the body. If the body be below the average in size, then a well developed head looks very large, and the conclusion is reached that it must be a source of unusual power. One reason why such fine specimens of physical manhood are seen so often in gatherings of public men is because large heads go with large bodies, and the relatively large intellectual power has brought them to the front. Then again, a sound, well developed body guarantees to the brain good nourishment, while the brain in turn performs all its functions with energy. There are most marked inconsistencies encountered by a close, practical application of this theory. For instance, the brain of Cromwell weighed 71 ounces, while that of Dante was but 45¾ ounces. We are not ready to admit that the intellectual power of these men was in proportion to the figures given. The only answer to these comparative mental endowments is that there is something besides quantity. This something may be called quality, or it may be explained in a simpler way still. It is possible that the depth and number of the convolutions, with the accompanying increase of gray matter, may account for all this. However, to return to the original statement that, as a rule, the mental power depends upon the weight of the brain let us say:— Speaking in general terms, of large numbers of persons, or of a number of individuals of different races the rule holds good. Notice the following table:

Brains of	21 English,	47½ ounces.
"	" 5 Esquimaux,	46½ "
Brains of	25 Chinese,	45¼ ounces.
"	" 9 Negroes,	44 "
"	" 17 Australians,	40 "

In individual cases there are too many uncertain elements to make the rule trustworthy; but in large classes of men, or races of men, the rule holds good that the larger the average brain weight the greater the manifestations of intellectual power.

What is Disease?

One of the New York dailies asks this interesting question and then proceeds to discuss the problem with all the learning of a savant. It finally concludes that disease is not an entity; it is not a thing. Such, indeed, were the teachings of our fathers. When a student, we were often forcibly told that disease was not a thing; it was simply a perversion of normal processes. But modern science is teaching us many new things. We are adding daily to our knowledge of the cause of disease and the life-history of the disease itself. As practitioners of the regular, rational system of medicine we believe that it is best, first of all to remove the cause of a disease. Therefore we look for a specific which shall destroy the tubercle bacillus itself, rather than for a drug which shall simply quiet the cough. If we now have a pneumotoxine we must look sharply for an antipneumotoxine. In other words, if we have a disease we must give a remedy which shall kill the active principle of that disease. Pneumonia is a thing; and that thing is pneumotoxine. Kill the pneumotoxine and nature will save the patient; kill the tubercle bacillus and nature will repair all damages. In other words, one of these days we may call disease a thing, give it an entity, and hunt and kill it as one would chase and destroy a wild beast of the forest!

Free Speech.

In the May number of the Brooklyn *Medical Journal* is a brief editorial entitled, "Jones vs. Brooklyn *Daily Eagle*." The editor, Dr. Joseph H. Raymond, comments on a recent libel suit tried in Brooklyn, and says that the verdict for the defendant was most acceptable to the medical profession of that city. If it had been otherwise "then there was no virtue in uprightness and conscientiousness." This was too exasperating for a son of the plaintiff in the suit and, therefore, he attempted an assault on Dr. Raymond, using a whip as the weapon. We are glad to notice that the doctor came out but little, if any, injured. The result can be only to strengthen Dr. Raymond in his position, and to weaken most materially the case of his assailant.

Photography, Microscopy, Astronomy.

It has often occurred to us how little photography has done as an aid to the microscopist. We look at some of the handsome photographs of the diatoms and admire the prints of the retina. But the camera has added nothing to our knowledge of the minute structure of the body, neither has it been of material aid in bacteriological research. Yet what is it not doing for the astronomer? Negatives are now made of a portion of the sky less than a fourth of the apparent diameter of the moon, so small that it is completely covered by a quarter of a dollar held at arm's length, and yet containing 50,000 stars!

Beds for Consumptives.

The *Christian at Work* advises sufferers from lung troubles to sleep upon a mattress made from fine shavings. The healing qualities of the balm or balsam are very desirable, while the odor is most agreeable. It further says that the shavings absorb or dispel all unpleasant odors, thus becoming a sort of self-cleaning filter. It is simply astonishing how recklessly the public press advocate measures ridiculous and often harmful. Think of the poor consumptive spending his restless nights upon a bed of shavings, hoping for relief, and trusting ever in his home paper. There may be two things about such a bed to recommend it: coolness and cheapness. But the next time the writer of the article has any "lung trouble" let him (or her) take his own medicine, and his ambition to be ranked as a discoverer with Koch will speedily vanish.

Virchow and Evolution.

This eminent student now takes open ground against the Darwinian doctrine of the descent of man. Professor Virchow argues that as within the memory of man even the highest developed anthropoid apes have not exhibited the slightest variation of type, so it is not at all probable that even untold cycles of time would be sufficient for the development of fresh types. The highest apes have never shown the slightest tendency toward specific changes. Advocates of the theory of evolution rest their case on the hypothesis that structural and physiological resemblances denote an identity of origin. But Virchow shows how it is possible for similarities to exist where essential differences prevail. Mere anatomical and physiological resemblances, says Virchow, are not sufficient to claim we are in the line of descent from the ape. Bearing on this same subject, under the title of "Present Problems in Evolution and Heredity," are the Cartwright lectures for 1892. These are three lectures given by Dr. Henry F. Osborn of New York, and published in late numbers of the *Medical Record*.

Well Supported At Home.

We feel much gratified at the support the REVIEW has received at home. We have a good list of local names on our subscription books, and many encouraging words stowed away in our memory. Our advertising columns also speak well of home patronage. We would call attention to the following advertisers as illustrative of this:

Dr. Hammond's Sanitarium.

No words of ours can add to the reputation of Dr. Hammond. He has always been a hard worker, and his sanitarium is a fair exponent of this fact. Since this sanitarium was opened over seven hundred persons have been enrolled as patients; and this, too, when the number is strictly limited to twenty at any one time. The day we called upon Dr. Hammond he had just completed his eighth case of brain surgery in this sanitarium. In all, he has had over forty of these cases.

The Terraline Company.

The Terraline Company wished to make a contract with us for five years, but being unable to obtain this, it accepted the best we had to offer. The amount of business transacted by this company is simply surprising. Goods are shipped in large quantities to all parts of the world. Terraline is like the REVIEW in one respect at least, it is well supported at home. Nearly all the profession prescribe it, and it is familiar to all.

The Medical Colleges.

Then we have the professional schools of the four universities of the city. These are not any easy-going schools or machines for grinding out diplomas at a given sum. A graded three years' course is required by each university. The faculties are composed of earnest, hard-working men, many of whom have gained National reputations.

Instruments and Drugs.

Then in the way of instruments we have with us the house of Z. D. Gilman, who keeps a large and varied stock of instruments in connection with his regular pharmacy business. Mr. Charles Fischer also advertises his stock of instruments. Mr. Fischer manufactures as well as sells, and is well known to all the local profession. Mr. G. G. C. Simms is one of the oldest in the drug trade, having been at the corner of Fourteenth and New York Avenue for thirty years. Mr. Simms has a number of special preparations of his own, and is the exclusive agent for cream kumyss. With all this showing are we not justified in saying, "we are well supported at home?"

A Great Mistake.

Sometimes a firm will work against its own interests. To illustrate: On the 6th of this month, Mr. Geo. S. Davis, of Parke, Davis & Co., banquets the Medical Editors who are attending the Association at Detroit. Mr. Davis evidently forgets that by taking his Weld's Syrup of Iron we have all acquired ravenous appetites for this occasion; and that we do not care how much we eat, for his 4,000 horse power pepsin will digest it all. Mr. Davis furnishes the appetizer; the food; and the digestive. Nothing for us to do but sit quietly by and take it all in!

THERAPEUTIC NOTES.

Aristol is recommended for bed-sores. An ointment is made of forty grains of aristol to an ounce of cosmoline.

The tincture of iodine is best used as a local application, when mixed with glycerine. The skin remains soft and is in a better condition for absorbing the drug.

To deodorize iodoform use one part

of carbolic acid; two parts of oil of peppermint; and one hundred and ninety-seven parts of iodoform.

To check the secretion of milk in mastitis, an ounce of camphor dissolved in three ounces of turpentine is applied.

In eighty cases of whooping-cough, antipyrin was beneficial in four-fifths of the number. As many decigrammes were given night and morning as the child was years of age.

In eczema after the acute stage has passed, arsenic is a most important remedy. Give the arseniate of soda in one-tenth of a grain doses, once daily.

In uterine hemorrhage, the Berlin clinics report extensive use of hydrastine. It is given in capsules, in three-eighth grain doses, four times daily. It acts upon the small vessels of the mucosa; and, therefore, is not indicated in post-partum hemorrhage, or hemorrhage from abortion.

In severe cases of metrorrhagia, Dr. J. W. Johnston, of W. Va., reports he often failed in giving relief until he tried Ergotole. He gives 15 to 20 drops every two hours until hemorrhage ceases.

To remove foreign bodies, such as pieces of meat from the throat, blow forcibly into the ear. Powerful reflex action is excited, when the foreign body will be expelled from the trachea.

To detect when a part is antiseptically clean, use only two preparations; Marchand's peroxide of hydrogen and potassium permanganate. The former will cause violent effervescence if pus be present, and will continue to do so until all the pus be destroyed. The permanganate will turn from its bright red to a dirty brown in the presence of disorganized organic matter. The peroxide is much neater, however, and more generally satisfactory.

In specific anæmia, and in chronic furuncular dyscrasia, Dr. D. Stuart Lyon has been using a prescription of iron, mercury and arsenic, as an alterative and tonic. He reports a number of cases where he has derived the most satisfactory results from such a combination. He declares that the preparation known as the "three chlorides" is even much better, as an "alterative tonic," than his own extemporaneous prescription.

In cases where there is great debility, nervous prostration, or mental languor from overwork, and in all those conditions where the stomach needs rest, and at the same time the body needs food, Dr. A. L. Schmidt recommends the free use of foods which are thoroughly predigested and immediately absorbed. He freely prescribes "liquid peptone" S. and J. (Stevenson and Jester), and with marked satisfaction to himself and patients.

We noticed in the press that the firm of Battle & Co. has just come off victorious in their suit against a firm which had been selling a liquid under the name of "Bromidia." The court decided that Battle & Co. had established property in the word "bromidia," and that the defendants must not only cease from using the word, but must also pay to Battle & Co. all profits from their sales of the preparation.

Mr. A. M. Stitt, representing Bovinine, desires us to state to the profession of this city, that in a number of envelopes which he addressed to them, there was not a sufficient supply of "order cards." However, arrangements have been made with the druggist mentioned on the card whereby any desired number of samples may be obtained from them without said cards.

THE PROGRESS OF MEDICINE.

Consultations with Department Physicians.

Agreeably to promise I give you herein a summary of the reasons which impelled me to oppose the adoption of the amendment to the By-Laws of the Medical Association which prohibited consultations with medical gentlemen holding positions in the Government departments, and who follow their professional calling out of office hours:

1. There is no *law* against a man practicing medicine and following another calling at the same time. This also applies to other professional men—Ministers of the Gospel and Members of the Bar—who hold clerkships and yet receive fees for professional work out of hours.

2. There is no regulation of any department which prohibits clerks from practicing medicine *out of hours*. If the following of a professional calling interfered with official duties the heads of departments could quickly apply the remedy by removing offenders. Inasmuch as the "powers that be" take no such action, it may be assumed that the "practice" has *not* been found to be detrimental to the public service. The right is conceded to every man to use his time in his own way, so long as he violates no law or custom.

3. The *public* have not complained of being inefficiently served by the professional men against whom the action of the Association was taken. At all events, there has been no demand from the public at large, or from those receiving professional aid from so-called "sundown" doctors, that these men shall be ostracized. On the contrary, in many emergencies these *culprits* have rendered efficient and timely service to patients of the *aristocracy*, who were not to be found when their services were most urgently needed. I have never known one of these *offenders* to be guilty of an act of meanness equal to that of a prominent physician, who, when personally urged to visit a sick child, assured the father that he would respond immediately, and yet did not do so for two days, when the child, having recovered, was running about and not in need of professional services; and yet this same doctor sent his bill for his visit and collected it, too!

4. There has been no demand from the medical profession for the suppression of the gentlemen who practice medicine out of office hours. On the contrary, the great majority of the members of the Association are altogether indifferent on the subject. This is proven by the fact that although it was known that the amendment referred to was to be considered by the Association, only twenty-six out of over three hundred members were present at the meeting, and of these twenty-six, twenty voted for the amendment. These were almost entirely young men, some of whom have not been in the Association long enough to know anything about its workings. The older members of the profession were "conspicuous by their absence."

5. No rule of medical ethics is violated by the men who are "turned down" by this new rule. Their practice is in conformity with "regular" methods, and if any of them have transgressed, it has not been so stated in the discussion of the subject.

6. The enforcement of the regulation will make it necessary for the Health Officer, Coroner, and other officials drawing salaries from the Government, to retire to the list of Associate Members. The Health Officer, in his official capacity, has nothing to do with the care of the sick. It is true that the law requires that our Health Officer must be a physician, but in many places the practice of appointing a civilian to perform the duties of that office maintains, and not without good reason, either. The Coroner is purely a judicial officer, and his duties may be as well performed by a lawyer as by a doctor. Of course my remarks are not intended to have personal application to the estimable gentlemen at present filling the offices named. I only speak of these officers in their official capacity as affected by a rule which I deem to have been adopted

without good reason, and which I believe will ultimately prove detrimental to the best interests of the profession and the public.

I have tried to be brief, and yet I realize that justice has not been done herein to the subject. But I have tried to furnish some "food for thought."

Sincerely yours,

THOMAS C. SMITH.

The Mountebank. *By Irving C. Rosse.*

One can readily agree with the dictum of the late P. T. Barnum that a certain amount of credulity is common to all ages and all countries, and that this credulity can always be worked to advantage; but it is almost inconceivable how so many people can be misled and duped by the fraudulent advertising quacks and disreputable specialists who go unmolested in our great Capital City.

A slight inquiry into the antecedents of most of this class will show not only unsavory but even criminal records. Out of many instances may be specified a notorious quack and jail-bird, formerly a street fakir in Chicago, who did a flourishing business here a few years ago. When last heard from he was in durance vile in one of the Southern States. The grand jury of Chicago some time since indicted eleven of the more prominent offenders of this class. It may interest many to learn of an old offender, who in this connection is thus mentioned in the "Seventh Annual Report of the State Board of Health of Illinois," p. xxxviii:

"The noted quack, R. C. Flower of Boston, Mass., has finally abandoned his efforts to secure a foothold in Chicago. By means of insidious and plainly worded advertisements, frequently over a column in length, he succeeded in doing quite a thriving business for a time, and charged the most exorbitant fees. Unable to comply with the law and obtain a State certificate, and being refused an itinerant license, he was compelled to make appointments with his patients at Michigan City, Indiana, and at Davenport, Iowa, only venturing to stay in the State for a day or two at a time, and leaving before his arrest could be effected. Some of his dupes and victims have lodged complaint against him, and are now anxious to secure his arrest and punishment."

The Late Dr. J. W. Dunn.

Dr. Dunn died a martyr to his profession—of Diphtheria contracted from a patient while treating the throat—the child coughing into his face. He was taken sick December 24, 1890, and died of diphtheritic septicemia, December 30, 1890, which was the thirty-second anniversary of his birth. Dr. Dunn was born in Philadelphia, December 30, 1858, graduated in medicine at the Medical Department of the Columbian University, D. C., March, 1879, and practiced his profession in Philadelphia for four years before coming to Washington. He studied medicine with Dr. C. M. Ford, and after returning to Washington, was associated with him in practice until Dr. Ford's death.

Dr. Dunn was the most successful practitioner on Capitol Hill, and was greatly beloved by his patients. He left a widow (Helen McFarland Dunn) and three children. His death in the prime of life and of professional success was sad indeed. D. W. P.

Advice to Young Physicians.

We glean the following from the many good things said by Dr. D. W. Prentiss in his address to the graduating class of the Columbian University of this city: It is the duty, as it is the interest, of the doctor—if he be a *man*, to marry as soon as finances will permit. We underscore the word "man," because the doctor thinks the case is altogether different if she be a *woman*. He says it is his opinion that, as a rule, the professional career of the lady physician ceases as soon as she marries. In order to succeed the young graduate must be possessed of the following: 1. A thorough groundwork in the essentials of the art. 2. A sincere earnestness and devotion to the profession. 3. Industry; absolute honesty of purpose; perseverance. 4. Business habits. The studious scientific physician will be the doctor of the future. Remember there are no 'pathies in medicine. We are not "allopaths" any more than we are homeopaths, eclectics or Christian Scientists. We practice medi-

cine in no narrow groove of dogmas or creeds. We are Physicians in the highest sense that the term implies. We receive knowledge from all sources willingly, if it will teach us to cure disease and relieve suffering. Do not become so absorbed in your chosen calling that all other elements of refinement are excluded. It is a reproach, too often deserved, to hear it remarked: "He is a well-informed physician and a good practitioner but he knows nothing else." Read the newspapers and keep informed on the current literature of the day. Cultivate a taste for the fine arts and do not neglect the collateral sciences. It is desirable also that the doctor should have a "Hobby"; something in the line of science, art or literature. Attend all calls from the poor, without regard to compensation. Such work is not only one of charity, but it also occupies the leisure time, gives experience and teaches confidence. It makes many friends, who will never tire of speaking of your skill and kindness. Do not fear to place upon your services their proper value; for if you do not, no one else will. With the poor it is a charity, grudge it not. But with those able to compensate, it is a business contract and it is your living.

Prospects for the Young Graduate.

Dr. D. W. Prentiss of this city thus answers the question: "How long will it be before the young graduate can make a living?" If the young doctor has no one but himself to support and can practice rigid economy the answer is: The first year he will run behind; the second year he will pay expenses; the third year he will make up what he lost the first year; and, after that, it is plain sailing. But this answer is based upon the following factors: 1. Enough capital for outfit and support the first year. 2. The ability to impress upon the public the fact that you know your business, or, in other words, a good professional address.

Passage of Large Gall Stones.

At a meeting of the Medical Society of this city, for May 11th, Dr. D. W. Prentiss read a paper, written by the late Dr. John W. Dunn, entitled, "Notes on some unusually large Gall Stones." The patient was taken ill with severe pain in the pit of the stomach, followed by nausea and vomiting. With short intervals of rest the vomiting continued for thirty-six hours, when the vomited matter had a strong fœcal odor. After nearly four days of suffering the pain and the nausea suddenly ceased. The following morning the bowels moved and the first gall stone was found. The others followed at intervals of about a week. The gall stones are irregularly wedge-shaped, showing plane surfaces caused by mutual pressure. They measure one and one-fourth inches in diameter and about the same in length. Externally they are of a dark chocolate color with a few small spots of red. The interior is composed of a substance of uniform whiteness, with no visible nucleus. The cut surfaces seem greasy to the touch. They look like cross sections of a broomstick. Dr. Prentiss said they were the largest gall stones he had ever seen, and Dr. Lamb remarked they were the largest in the Museum.

Treatment of Gall Stones.

At this same meeting Dr. Prentiss remarked that while olive oil may be efficacious in the treatment of gall stones, yet it is a fallacy to suppose that the stones are dissolved by the oil. He reported a case some years ago of a patient who suffered from repeated attacks of biliary colic. The patient never had relief until he took olive oil, after which he passed masses of what appeared to be semi-dissolved gall stones. These masses were sent to the chemist of the Agricultural Department who pronounced them soap; the oil had been saponified. The doctor gave the history of another case. In this patient there was jaundice, or rather it looked more like cachexia. There was no evidence of gall stones. An examination brought out no symptoms of gall stones. After keeping her under observation for some time, he concluded a gall stone was present, keeping up an irritation. He advised perseverance in the treatment laid down. This was "terebinthenated ether," which was supposed to have the power of dissolving gall stones. One day

the patient passed a gall stone about the size of a horse chestnut. It must have been in the gall duct about a year, and passed from there into the small intestine. In another case of which he had learned through Dr. Guyon of the Navy, a gall stone was passed after the administration of a pint of sweet oil.

Operations by Dr. J. Ford Thompson. We have a report from the House Surgeon at the Garfield Hospital, of this city, containing a list of the operations performed by Dr. J. Ford Thompson from November 1, 1891, to April 15, 1892. In all there were 90 operations. Among these were 7 amputations of the limbs and extremities; 6 excisions of the breast and axillary glands, 1 of the knee-joint, 1 of the cervix uteri, 1 of a sarcoma of the thigh; 5 fistula in ano; 1 double herniotomy; 8 cases of hydrocele; 2 laparotomies; 1 for removal of plate of bone from sup. maxillary for trifacial neuralgia; 4 urethrotomies; 1 for restoration of sphincter ani; 2 for varicocele; 1 for wiring humerus for comminuted fracture.

Acute Dermatitis Following Quinine. At a meeting of the Medical Society of this city, May 4th, Dr. D. S. Lamb reported a case of acute dermatitis following small doses of quinine. He presented a large flake of exfoliated cuticle obtained from the patient. The rash appeared over the whole body, following the administration of small doses of bisulphate of quinine. Cinchonidia was afterwards prescribed and was not followed by this result. Dr. Prentiss said this was the third case which had come to his knowledge. He had a case in his own practice in which a rash had followed the use of eight grains of sulphate of quinine. At first, he thought it a case of scarlet fever. The eruption was followed by desquamation. Such an idiosyncrasy was liable to occur in the practice of any physician, and nineteen out of twenty would call it scarlet fever, because so few had seen such cases. Dr. C. G. Stone reported two cases in one of which even small doses of quinine caused an eruption similar to the hives. In the other case there was intense itching, a resemblance to scarlet fever, and followed by desquamation in large scales. He had never seen a case of scarlet fever desquamate so freely as had this patient. In one case a single grain of quinine brought on this rash.

Dermatitis vs. Scarlet Fever. Continuing the above remarks, Dr. Prentiss said the differential diagnosis was of the greatest importance. Dermatitis from quinine is not followed by fever; there is no sore throat, or very little; there is intense tenderness, even actual pain wherever the body is touched. Absence of fever and desquamation on the third or fourth day after appearance of eruption would settle the diagnosis.

Diagnosis and Pathology of Addison's Disease. At this same meeting Dr. Schæffer exhibited the supra-renal capsules from a case of Addison's disease. During the life of the person there were no reasons for mistrusting such a disease. He was a strong, athletic man, weighing 185 pounds; height, five feet eleven inches; occupation, engaged in hauling stone. The man died from pneumonia. The right kidney weighed eight ounces and the left was larger than the right. There was no asthenia nor anæmia; no abnormal pigmentation on the buccal mucous membrane. The morbid anatomy of the disease is not well known. Dr. Prentiss inquired if simply the finding of enlarged supra-renal capsules after death was sufficient upon which to base a diagnosis of Addison's disease? Dr. Schæffer replied that the classical description of the disease has frequently been found wanting. The bronze complexion may be absent; in fact, everything may be absent except the enlarged supra-renal capsules. It is a question whether the finding of enlarged supra-renal capsules is sufficient evidence to diagnose Addison's disease. He would state, however, that when he found cheesy metamorphosis in the supra-renal capsules it was sufficient to warrant him in diagnosing this disease. Dr. Lamb expressed the opinion that the specimen presented by Dr. Schæffer was not from a case of true Addison's disease, notwithstanding the nature of the specimen. He believed that we might find this condition in other diseases. We

notice, however, that M. Raymond has recently reported a case of Addison's disease to the Société Médicale des Hôpitaux, in which the supra-renal capsules were sound, but the semi-lunar ganglion of the right side was the seat of marked alterations. The case presented the bronzed skin with axillary and inguinal adenitis, and with many of the symptoms usually present in well marked cases of this disease. A large ganglionic mass was found extending from the diaphragm to the sacro-lumbar promontory. The nerve cells were strongly pigmented, and a few were undergoing atrophy. This is still additional proof to the later theory that Addison's disease is of nervous origin.

Do Benign Tumors Ever Become Malignant?

At a meeting of the Medical Society of this city, April 27th, the question arose concerning the nature of a large growth upon a thigh, which necessitated amputation at the hip joint. The report given by Dr. Balloch was that the growth was an enchondroma undergoing sarcomatous degeneration. Dr. J. Ford Thompson said as to sarcomatous degeneration of a benign tumor, he did not know any such thing clinically. He believed that if the tumor was benign when it started it would not become malignant as it grew. Dr. Balloch said it was known that tumors in their growth do change in their nature. Dr. Acker believed that cases of enchondroma may be accompanied by secondary sarcomata. Dr. Schæffer said all pathologists recognize that primary tumors, as an innocent tumor of the breast, may be converted in malignant growths. The doctor said that some time ago he had examined a lipoma, in the center of which was a carcinoma. But Dr. Thompson declared that if a tumor possessed any sarcomatous elements it was a sarcoma from the beginning. He had never seen a case where an innocent tumor appeared secondarily as a malignant one, nor had he ever heard of a lipoma being converted into a carcinoma. Dr. Schæffer referred to numerous instances cited by Woodward where non-malignant tumors returned as true carcinomata.

Abdominal Tumors. Cause of Death.

Dr. J. Wesley Bovee of this city has an article in the May number of the *Virginia Medical Monthly* on the effects of pressure from large abdominal tumors as a cause of death after their removal. Dr. Bovee believes that most cases ending fatally after the removal of large tumors are produced by the exhaustion due to the removal of pressure from the large blood vessels of the abdomen, the diaphragm and other parts. The effect on respiration is very important. The tumor has forced the diaphragm up, and this has lessened the size of the thoracic cavity. Therefore both expiration and inspiration are shortened. Because of this lessened functional activity of the muscles of the chest they become partially atrophied. The abdominal muscles have been held in a tense position so long that their elasticity is no longer present. After the removal of the tumor the abdominal walls are completely relaxed, and their blood vessels, especially the veins, become engorged. The heart pumps the blood into the veins, which, dilating, retain a large amount of it, not having power to prevent the distention. In other words, a large amount of blood is taken out of the circulatory system, just as certainly as though it escaped from an open blood vessel. Then, also, there is the enfeebled action of the chest muscles and the diaphragm. Taking all these together, in severe cases, the result must necessarily be death.

Value of Sputum Examination.

In the *Medical News* for May 14th is an article by Dr. V. A. Moore of this city on the Technique and Value of Sputum Examination. The doctor concludes that when any case of bronchial or lung disturbance, not due to a known disease, does not yield readily to treatment, the sputum should be examined for tubercle bacilli. If the bacilli are not found in cover-glass preparations, then Biedert's method (given in the original paper) should be employed to concentrate the bacilli. Several specimens should be examined in all suspected cases before a negative conclusion is reached. Fresh specimens should be employed if possible.

Anæmia, Treatment With Iron.

In the New York *Medical Journal* for May 7th is an article on the treatment of anæmia by Dr. R. W. Wilcox. After giving the classification, symptomatic varieties, etiology, etc., the author mentions two physical signs of anæmia. So far as the circulatory apparatus is concerned there are but these two. First, the *bruit de diable* of Bouilland. This is due to slackness of the venous wall and a comparative emptiness of the vessels. It is better heard when the patient is standing or sitting. Second, the cardiac anæmic murmurs. These are due to functional disorder of papillary muscles, and are ventriculo-systolic. Dr. Wilcox then enters upon an interesting account of the composition of the blood. He then describes a new instrument made by Reichert of Vienna, for determining the amount of hæmoglobin contained in a given specimen of blood. With this instrument it is possible to accurately determine the effect upon the blood of various preparations given in the treatment of anæmia. The author then discusses the difficulties which have surrounded the giving of any of the well-known preparations of iron. Iron is still the sheet-anchor in anæmia. It is only a question as to what preparation is the best. Dr. Wilcox declares that in a preparation we now have there is no reasonable doubt why the treatment of anæmia will not be completely revolutionized. The author refers to the preparation made by Dr. George W. Weld of New York, and put on the market recently by Parke, Davis & Co. This preparation retains all the therapeutic effects and none of the disadvantages of other preparations on the market. The author does not like the albuminates and peptonates of iron. He says they are inefficient, have to be continued for many months, and give rise to extremely bad smelling flatus. It can be positively asserted, says the writer, that Weld's preparation will not injure the enamel of the teeth. Weld's syrup of the chloride of iron is the tincture of the chloride of iron, U. S. Pharm., with the excess of acid neutralized, and a certain amount of syrup of gaultheria added to improve the taste. A number of cases are given illustrating the claims set forth in the article. The writer concludes his valuable paper of over six pages, as follows:

1. In anæmia iron is by far the best remedy. 2. Of all preparations, the tincture of the chloride is the most valuable. 3. This preparation is objectionable in that it excites nausea, disgust and vomiting, stains and destroys the teeth. 4. These disadvantages are obviated in Weld's syrup of the chloride of iron. 5. In removing these disadvantages, its therapeutic efficacy is not in any way impaired.

Is Craniotomy Justifiable?

At a recent meeting of the Brooklyn Gynæcological Society, as reported in the *Brooklyn Medical Journal* for May, the discussion incidentally turned to the subject of craniotomy. Dr. Alex. Skene asked if it was ever justifiable to perform craniotomy on a living child? While in the practice of obstetrics he had never been called upon to do it, he has always believed it should not be done. In cases where the child was living a high operation should be selected; but in cases where there was no doubt as to the child being dead, craniotomy should be performed. Dr. Hyde confirmed the position taken by Dr. Skene and said he never would perform craniotomy on a living child unless the wishes of the parents and friends compelled him to do so, and even then he would do it under protest. Dr. T. Gaillard Thomas has recently said that he did not believe the time would ever come when craniotomy would be eliminated from obstetric surgery. But its place should be a very small one; its claims should be curtailed to the last degree; and its influence over the obstetric mind to the last degree minimized. Still he would regard the man who declares that "under no circumstances would he perform the operation upon a living child" as one who acknowledges that he would culpably shrink from a duty which, in certain rare cases, is as plain as it is painful, and the neglect of which would, without doubt, place the responsibility of a woman's death at his door!

Alcohol and Tobacco Poisoning.

In a recent clinical lecture by Dr. Francis Delafield of New York, and reported in *The Southern Clinic* for May, a case was presented where alcohol and tobacco had been used in considerable quantities for a long time. The patient complained of failing strength, loss of appetite, nervousness, nausea and occasional vomiting. An examination showed the heart's action was too rapid; the walls of the radial arteries somewhat thickened, and with increased tension, and the liver diminished in size. The diagnosis was poisoning from alcohol and nicotine. The first thing in the treatment is the complete cessation of the poisons. "There is no use talking about the gradual giving up of tobacco and alcohol." It is necessary to give them up entirely and at once. There is no use treating patients who refuse to do this. Much can be done to remedy the stomach disturbance and increase the appetite. An alkali before meals is often useful. Dr. Delafield often prescribes the following:

℞ Sulpho-carbolate of sodium.....ʒ iv
Tinct. nux vomica.....ʒ ij
Glycerine.....ʒ ij
Water.....ʒ vi
Dose. One tablespoonful three times a day.

Is Alcohol a Food?

We often hear, as an argument in favor of the use of alcoholic beverages, that alcohol is a true food. The argument appears absurd on the face of it, for who ever resorted to the use of alcohol as a substitute for other food, except the periodical drunkard, who, on his occasional sprees, sometimes abandons ordinary food in favor of alcohol, for days at a time. But Dr. J. H. Kellogg, in an editorial in the current number of the *Bacteriological World*, says that even granting it is a food, it offers no advantages over other foods. If compared with such foods as wheat, corn, oats, etc., it is at a great disadvantage. If alcohol is a food, it is also a poison, and that is not true of any of the foods mentioned,—nor, indeed, of any wholesome food. Granting it is a food again, it is altogether too expensive to constitute a substitute for other foods. But Dr. Kellogg positively asserts it is not a food. The usual argument advanced that alcohol is a food, is that it lessens oxidation, it lessens tissue-wastes, and, therefore, in a negative or indirect way, is a sort of food. But the doctor asserts that this is also true of strychnia and a variety of other poisonous substances. Does this fact constitute strychnia a food? Most certainly not. Hence the argument is not good in relation to alcohol. The doctor then discusses the action of alcohol upon the temperature, and combats the late theories of Dr. Lauder Brunton. The editorial closes by stating that the properties of alcohol are anti-physiological, and however useful it may be as a medicine under some pathological conditions, science does not afford the slightest excuse for its use as a beverage, or as a substitute for any substance which the physiological needs of the body demand.

Europhen in Nasal Affections.

In cases of hypersecretion of the nasal mucous membrane, Dr. Petersen of Würzburg makes use of the new iodine product, europhen. He finds europhen diminishes nasal secretion, therefore he thinks it contra-indicated in atrophic rhinitis, but of great value in cases where hypersecretion is the distinguishing factor. In cases of acute rhinitis he was astonished at the short time required to diminish the hyperæmia and great secretion. As an application after galvano-cautery operations it is especially valuable. It clings closely to the surface and hastens the healing of the parts. The editor of the REVIEW can verify these conclusions, so far as an experience of three months with the drug could warrant. A combination of equal parts of aristol and europhen has been found to be of great service after cautery operations.

Treatment of Rheumatism.

In the May number of *The Southern Clinic* is an article by Dr. Charles W. Brown of this city on the treatment of rheumatism. Four cases are given in which the principal treatment was the elixir Salicylic Acid Comp., as prepared by Wm. R. Warner & Co. The results were most satisfactory in every instance. In each tablespoonful of the salicylic elixir there are 24 grs. of salicylate sodium, combined with cimicifuga, pot. iod., and gelseminum.

Reviews.

A Treatise on Diseases of the Nose, and its accessory cavities. By Melville Macdonald, M. D., Physician to the hospital for diseases of the throat. London. Second Edition. 1892. Macmillan & Co., New York. Complete in one volume, 380 pages, illustrated. Price, $2.50.

The second edition of this interesting work reaches us within a year of the date of the first. We notice some marked additions and changes, showing the author is awake to profit by a riper experience and wider knowledge. The author's ideas of the relation of asthma to nasal disease has been considerably modified. He now holds that asthma cannot be said to be the result of intranasal irritation, and the physiological reasons for this belief he strongly sets forth. He teaches that the bronchial spasm is due to direct irritation, and is not reflex. In the treatment of polypi the author uses the cold snare to remove the growth and the galvano-cautery to prevent their recurrence. The work is very complete, is up to date and is written in a clear and logical style.

Diseases of the Eye. A Handbook of Ophthalmic Practice. By G. E. de Schweinitz, M. D., Professor of Diseases of the Eye, Philadelphia Polyclinic; Ophthalmic Surgeon to Children's Hospital and to the Philadelphia Hospital; etc., etc. A handsome royal 8vo volume of 640 pages; 216 fine wood cuts, many of which are original, and 2 chromo-lithographic plates. Price, cloth, $4.00; sheep, $5.00. Published by W. B. Saunders, 913 Walnut Street, Philadelphia, 1892.

This elegant work is just from the press, and is a welcome caller. The greater part of the book is taken up with a description of the methods of examining the eyes, and the symptoms, diagnosis and treatment of ocular diseases. The author's experience as a teacher enables him to present his subject in a clear and attractive form, such as students and busy practitioners appreciate. The general practitioner has neither desire nor time to wade through a hundred pages of the anatomy, physiology and normal and pathological histology of the subject presented. Should the specialist ever desire these he can find them much more fully discussed in works on anatomy, histology, etc. Therefore, we are pleased that the author furnishes us with such a useful, practical guide, free from the objection just given. It is the latest and certainly one of the very best works on this special subject. The paper, printing and all the mechanical work are much above the average.

The Pocket Pharmacy, with therapeutic index. A resume of the clinical applications of remedies adapted to the pocket case, for the treatment of emergencies and acute diseases. By John Aulde, M. D., of Philadelphia. Published by D. Appleton & Co. 1892. 12 mo., pp. 200. Price, $2.00.

We are indebted to the author for a copy of this admirable brochure. The author acknowledges the difficulty which at present confronts the progressive physician in the administration of large doses. We rarely desire the full physiological effects of a drug, but knowing these we can adjust the dose to the clinical indications. The book is in the nature of a plea for small doses, administered in accordance with physiological deductions. The plan of the work, in brief, is this: First, a "pocket pharmacy" is given, consisting of twenty-four remedies. These are each in pill, tablet or granule form. Then each one of these remedies is taken up in turn, and its full therapeutic uses given. The diseases, given under each remedy, are arranged alphabetically for convenience. Under "aconite" there are fifty-nine diseases or conditions in which it is indicated. In each of these the special indications and the dose are given. The work is of interest to all; while to the young practitioner, who "is rich in knowledge but poor in experience," it will be of great profit. To all such we recommend it most highly.

Cullings from Garrod. By Dr. Enno Sander, of St. Louis.

This is a small brochure, consisting of clippings from the works of Garrod on the treatment, by lithia waters, of gout and rheumatism.

Cæsarian Section.

In the *Medical Record* for May 14th is an article by Dr. T. Gaillard Thomas, describing a successful case of Cæsarian Section. Interesting as this is, another article on the same subject and in the same number of the journal is rendered still more interesting from the fact that Dr. A. H. F. Biggar reports a successful case of Cæsarian Section repeated on the same woman after six years. The article is illustrated with a photograph of the mother and her two living children. In looking at the picture one can not refrain from exclaiming, What is impossible to the Surgeon?

An Open Letter.

My Dear Stowell: What offense have I committed that you should hold me up to the public view as a reprobate of the first magnitude? And why need you tell the community that your "letters to a young physician" were intended for your humble servant, when you had not even intimated to me that you were writing for my benefit? It is true that you try to mitigate the asperity of your causticity by addressing these letters to a young physician, and I am willing to concede to you the point of superiority as to age if you insist upon it, but when you say "otherwise, your patient might say, 'I have taken twelve bottles of Dr. Smith's medicine and I am no better,'" I feel constrained to repudiate something. Now in the name of all that is fair, I ask, why should that fellow take my medicine? and why did he not take his own? But you say, "Smith, you are trying to be facetious." Please look at the list of members of the Medical Association and you will learn that I am, and for years have been, the sole representative of the noble family who glory in the name of Smith. Consequently when people read your "letters to a young physician" and get as far as the story concerning a patient who took twelve bottles of Smith's medicine without benefit, they will naturally look to see which Smith is meant, and when they find only one of the name, it is to be presumed that, inferentially at least, "Smith" will be regarded in an unenviable light. If I were as "touchy" as some people are, I might be induced to bring suit against you for what some one has designated as "inflammation of character and reputation," but you need lose no sleep on that account. Of course you only meant to use "Smith" metaphorically, parenthetically or in a Pickwickian sense, but I ask why in the name of justice didn't you use "Adams" or "Johnson" instead? Refer to the list and you will find that the "woods are full of *them.*" I am constrained to believe that you used the good old name because it possessed more euphony than *any* other, and, therefore, having relieved my mind, I will bid you good-night.

Yours, "Smith."

Letters to a Young Physician.

My Dear Doctor:—I am sorry I cannot say all the good things I would wish about our noble calling. The evil you complain of is altogether too general and the cause of it is not far to see. Chagrined as I feel in being obliged to give you the philosophy of the matter, still I have promised to tell you the plain, unvarnished truth. The trouble, my dear doctor, is just this: Whenever a man has risen in his profession so that he is acknowledged to be among its leaders then there are always found a goodly number of persons who criticise his methods, find fault with his treatment, belittle his skill, and growl at his financial success. Do not become one of these perpetual grumblers, I beseech you. Your letters are too much that way already. Speak well of your own associates and kindly of those in whose shoes you probably secretly wish you might stand. Never let professional jealousy occupy one moment of your time. You seem very jubilant over the fact that you have one of old Dr. Blank's patients and that you have discovered he has been treating his patient under a wrong diagnosis. I am not pleased at your rejoicing. You do a double wrong, first in rejoicing and second in telling of your success in that line. The chances are ten to one that the old doctor has made no more mistakes than you will make. In a few years your turn will come, and you will feel keenly the loss of an old family. This is one of the great mistakes of the young physician; boasting of obtaining the patients of the older practitioners; "giving the old doctor a hard one." He may not be up in all the modern technique of bacteriology; neither will this knowledge alone lift your patients up from a sick bed. Never tell me again that all the old doctor knows is his "experience." You will wish for it in vain, at many a critical moment. Keep in mind that the object of your profession is to relieve suffering and prevent disease, and you will please

Your friend,

The Review.

THE
NATIONAL MEDICAL REVIEW

VOL. I. WASHINGTON, JULY, 1892. No. 5.

THE EDITOR'S TABLE.

Given to Exaggeration.

Some physicians appear to be planned on the principle of the seesaw. While the hot days of summer depress the usual flow of spirits, yet there is an equivalent elevation of the imagination. This remark is called forth by the statement of a medical friend to the effect that "it was about time for Dr. Blank to tell his annual story of the large number of cases of cholera infantum he was attending." It is probably not far from the truth to state that in twenty cases of summer complaint of children not more than one is true cholera infantum; in fact, we believe this proportion too high, especially for the rural districts. Any diarrhœal disorder at once excites the fears of the mother, and the attending physician too often acquiesces in her diagnosis of the case. Then, too, it is much more skillful to cure a case of cholera infantum with a dose of castor oil than to cure, with the same remedy, a simple diarrhœa! But we enter an earnest protest against this growing evil. That it is growing is proved by the wonderful statistics given in the journals of cures wrought by the simplest drugs, which in the hands of the most skillful physicians have proved absolutely inert. We know of a physician who had on his visiting list, at one time, 142 cases of measles, so he said. Another who had 67 cases of diphtheria at one time and in one neighborhood. It appears that some men are so constituted they cannot avoid "telling a bigger one." Such men will be of but little aid in the work of elevating the profession of medicine to the high standard already prepared for it.

More of the "Donts."

It appears that the fever has again made its appearance and we are to be treated to a series of medical briefs, under the head of "dont's" and "nevers." Don't do this and don't do that. In a journal now before us is a whole column of these dont's, wherein the author has apparently reviewed the whole field of gynæcology to get material for his list. In not a single case is a new suggestion given or a bright hint hidden. The freshman at college should be refused advancement who could not equal the production. Such valuable and new commands are given as these: Don't fail to clean the nails; don't forget the bichloride tablets; don't leave your patient too soon; and many others of like originality! If we cannot do any better, let us give the poor "don't" a period of rest, and, if necessary, try the "nots." Thus, the old practitioner might be advised: Not to confine a patient over ninety years of age; not to mistake puerperal eclampsia for cholera infantum; not to believe the father's mournful lamentations that "this shall be the last time."

Brevity is good, but don't give us too many dont's; it don't do.

Living up to the Code.

If there is anything that medical men enjoy, when a few are gathered together, it is the discussion of the glorious old code of ethics. Its principles must be nailed to the highest pinnacles of the temple of justice; and woe be to the adventurer who dares to insinuate that the declaration is not worthy the worship it receives. Yet, with all its imperfections, we believe in "the code." Having subscribed our belief to it, we are bound by every principle of honor to keep it. Therefore it is a source of comfort to learn that a few men still live who not only believe but also live up to their belief. It appears that one of the faculty of the Cincinnati Medical College, Dr. W. R. Amick, published, in the *Lancet-Clinic*, a "chemical cure for consumption," accompanying said article with a number of certificates. For this breach of the code Dr. Amick has been expelled from the faculty of the college. It is believed Dr. Amick will also be expelled from the Cincinnati Medical Society. We have not seen the article in question, but, granting it to be all that is claimed, a number of interesting questions present themselves. How about the *Lancet-Clinic?* How many of its old subscribers will discontinue their subscriptions? Certainly, to be consistent, the late colleagues of Dr. Amick must refuse to receive it, and, anticipating the action of the Cincinnati Medical Society, all the members of the society must censure the professional medium through which this trouble was brought upon the doctor. Will they do it? Without reference to this particular case, we would say on general principles: Do away with the code altogether and place every physician on his own sense of honor and justice, or live up to its full teachings. The profession at large is given, altogether too much, to praising the code in the morning and breaking it in the evening. On the whole, therefore, we are inclined to congratulate this part of the profession of Cincinnati. They are on record as men who are willing to live up to that which they have subscribed.

Have We an Opportunity?

But the question might arise, perhaps the profession of any city would do the same, if an opportunity presented. Well, the profession of our own city need not go far from home to find work to do, if it desires activity of this kind. The Medical Association has been openly attacked, through the public press, by one claiming to be in full membership and in good standing. While this person states he is in full membership, yet the printed list before us, just received from the secretary, is not in accord with that statement. This alone is sufficient to call up some parts of the code; for such a statement, unless proved over the statement of the secretary, is not good ethics, so far as the science of human duty is concerned, to say the least. Then, again, it is not altogether conducive to professional peace of mind to remain in a perfectly passive condition while the most sarcastic and cutting things are said about you. Therefore, we say, let us abandon the code of ethics altogether, or let us to a man bind ourselves together to see its teaching fully put in force. Let us not subscribe to certain declarations and then sit quietly by and see all our resolutions broken and scattered to the winds. We should bring out our light from under the bushel and boldly declare and execute our beliefs, or we should as freely state that we have no beliefs at all. Code or no code, which?

Dr. Keeley Again.

We are often told that every cloud has a silver lining; and it seems that the cloud of intemperance has shown its lining to Dr. Keeley and that he has stripped much of this lining off. But the true facts are now coming to light and the community at large is beginning to analyze the true character of this wonderful benefactor of modern times! He has been the ideal (idol) of thousands and has been worshiped by tens of thousands (of dollars). Take the doctor himself and all his patients, and together there is just the material for an idol, a golden calf. The doctor would well represent the gold, while his bleating (bleeding) admirers would furnish abundant material for the other ingredient. But, in all seriousness, we have no sympathy with the men who now mourn the loss of their dollars. They were repeatedly and intelligently informed by the entire medical profession that those who take unknown remedies into their system, at the same time place their lives entirely at the disposal of the one administering the remedy. Now what is the harvest? *The Medical Fortnightly* contributes a single head of wheat toward the great ingathering of sheaves. The editor says that the tendency toward insanity manifested by many of Keeley's "graduates" is certainly an alarming one, and should bring him within the reach of the law. We now give from that journal a few, a very few, of the results of the bichloride of gold treatment:

"On April 4th last, Mrs. Evelyn Garretson, of 80 Garner Avenue, Jersey City Heights, one of his patients, was found by the Hoboken police in a demented condition at the door of the church of Our Lady of Grace on Willow Avenue, Hoboken.

"Walter B. Earle, one of Keeley's much talked of 'cures,' died a raving maniac in the Poughkeepsie Insane Asylum.

"Luther Ransom, of Indianapolis, is now in an insane asylum. Isaac Mailhouse, a salesman at 364 Wynne Street, New York, is said by his friends to be on the verge of insanity. Both men were 'cured' Keeley patients.

"C. N. Vaughan, of Denver, another patient, became insane February 24th, last, and tried to murder his landlady. The deaths of Colonel Mines ('Felix Old Boy') and James G. Fair, Jr., son of Nevada's Senator, from heart trouble, were attributed directly to the Keeley cure by their physicians.

"Ex-Congressman Stephen T. Hopkins, president of the White Plains Bichloride of Gold Club, was 'cured,' but went to drinking again and committed suicide.

"Harry H. Ansley, of St. Joseph, Mo., died February 21st, while being treated at the Dwight Institute. Lawyer Isaac Angel, of New York, was rendered a physical wreck by the Keeley treatment for the morphine habit and contemplates legal measures for redress."

But with the friends of those whose lives have been taken, and whose highest mental endowments have been destroyed, we certainly sympathize most deeply. Let them now come to the aid of the medical profession and not rest until all the secrets are brought to light, and the hidden things made to melt away in the bright glare of the rays of scientific truth.

An Old Dictionary.

Dr. Geo. Latimer of this city shows us an old medical dictionary, or, as the title page says, "A New Medical Dictionary, or general repository of Physics." By G. Motherby, M. D. Second edition. 1785. Under the head of "Dysentery" we read: "Dr. Akenfide says that ipecacuanha is good in every form, state, and degree of the disease; and that the more its use is experienced, the more its merits are established." After the lapse of over a century the profes-

sion is a good deal of the same opinion still.

Original Matter.

Nearly 90 per cent of the contents of our June number was composed of matter never before published and entirely original with the profession of this city. The day is not far distant, we trust, when our whole journal can be composed of abstracts and reviews of the sayings and doings of the local profession.

Dispense Our Own Medicines.

In the May number of this journal, and in the "letters to a young physician," we gave our readers to understand that we thought a change was soon to be made in the practice of writing prescriptions. Since the issue of that number of the REVIEW our attention has been called to the expressed opinions of a number of editors and practitioners. Many of these declare that the days of the prescription are numbered and that soon the doctor's bill will include the bill of the druggist. Dr. E. B. Ward of Laingsburg, Mich., communicates to the *American Lancet* his views on "The Pocket Pharmacy." He says he was told many years ago by the late Dr. Hitchcock of Kalamazoo that if he wished to make money practicing medicine he must keep his own drugs. He objects to the druggists, who, as a privileged class, protected by law, deal out whiskey, prescribe over the counter, urge patent nostrums, and repeat prescriptions. Dr. Ward believes that the custom is fast gaining ground with the responsible class of physicians, and will, before long, be the common practice. Dr. H. D. Didama of Syracuse, N. Y., is also reported as saying that he believed the tendency was toward the practice of largely dispensing our own medicines. One has not far to seek for the cause of the increase of this custom. The *Medical News* puts the question concisely when it gives the six following reasons why we should dispense our own medicines:

"1. Chemical and pharmaceutical science and art have reached such perfection that it is now possible and even convenient to do so. 2. It saves the patient money and trouble. 3. The ordinary character finds it hard to pay for simple advice. 4. In emergency cases and in severe forms of acute disease time is saved and the disease more effectually withstood by the immediate administration of the needed remedy. 5. The accidents of prescription-writing and of prescription-filling are lessened, while at the same time (with proper care and watchfulness over laboratory preparations) the efficacy and physiological effects of drugs are assured. 6. It will lessen the evils of hospital abuse, drug-store doctoring, the system of druggists' commissions to physicians, and of counter-prescribing."

Give Less Medicine.

Another good result from the pocket pharmacy will be that the patient will not be given so much medicine. A friend informed us a short time since that he called the family physician to see his wife and child and immediately after the visit he took seven prescriptions to the drug store. One prescription called for an ounce of peroxide of hydrogen. The druggist would not open an eight-ounce bottle, therefore the half pound was purchased. The doctor received two dollars and the druggist three dollars and seventy-five cents. It is probable that, with the single exception of the peroxide, the ordinary pocket case would have contained everything necessary for these cases. It is doubtless true that the profession, as a body, gives too much medicine. We trust too much to the Mother Tincture, and too little to Mother Nature.

This is Not Homeopathy.

How often do we hear the laity proclaim that our small doses and minute pellets are the direct results of the doctrines of Hahnemann. How little do they understand the situation! We give less medicine than formerly, simply because bacteriology, pathology and physiology have told us just what to give. A double charge of shot is no longer necessary for the physician to hit the bull's-eye. A single bullet, aimed by the knowledge of modern therapeutics, is sufficient to dislodge the enemy. We give less medicine, therefore, because we know better what to give; and as the quality of our knowledge of disease improves, so will the quantity of medicine we prescribe diminish. The dose is smaller for another very simple reason. At first we made our infusions, of which a tablespoonful or two was necessary to get any physiological effect. Then we advanced to the tinctures, and a teaspoonful answered the purpose. Soon the fluid extracts gave us the same effect in doses of a few drops. But, at the present time, the active principle alone is sufficient, and our tablespoonful of infusion is found in the one one-hundredth or the one one-thousandth of a grain. These are small doses, but they are not infinitesimal. The difference between the regulars and homeopaths is as wide as ever, and that is as wide as possible. It is in the corner stone; infinitesimal doses and "the law of similars."

Doses of Toxic Medicines.

It is just in place, in this connection, to call attention to a paper recently read before the Paris Academy of Medicine, and published in a late number of the *Revue de Thérapeutique*. The author of the paper, Dr. E. Trouette, proposes a new method of preparing the doses of toxic remedies. Dr. Trouette proposes to divide the maximum dose, which may be given to an adult in twenty-four hours, into twelve parts. Thus there need be no fear of accidental poisoning; and dangerous remedies may be given in efficient doses, without risk, from the outset. When it is remembered that the active principle of a drug is sometimes as low as the fraction of a thousandth or a hundredth of a grain, it might be a doubt at times what was the proper therapeutical dose and what the dangerous toxic one. Dr. Trouette's article may be obtained by addressing Parke, Davis & Co. of Detroit, Mich.

Esprit de Corps.

What has become of that genial spirit which formerly animated every little gathering of medical men? Or, where is the spirit which formerly called together such groups for social chats? Where is the *esprit de corps* of our fathers? A friend tells us he well remembers when a mere boy, how his mother used to tap on his father's office door, and gently hint to the three or four doctors within that their too hearty laughs might arouse the neighbors! "Such neighborly calls were of almost daily occurrence," says our informant. But a visit now from a brother practitioner is such a rare event that it even calls for especial remembrance. To be sure, there are a number of reasons which account in a measure for this change, yet it is still to be regretted that a firmer bond of union does not unite those of like faith. Our critics may say what they will, it still remains true that the great majority of the medical profession is inspired to its best achievements by the highest and noblest of motives,—nothing less than the illustration of the Golden Rule. This being true, we do have, therefore, one

great, common inspiration. Let this completely cover all frictions and misunderstanding; and, having one object in mind, let us bind ourselves together for its accomplishment. If imbued with the *esprit de corps* we would greet our colleagues with a warm grasp and steal an hour from labor to enjoy a social chat in their company.

The Late Dr. C. J. Lundy.

It is probably true that we could not announce the death of any practitioner of medicine without awakening deep sorrow in the hearts of many who might read the words. The immediate family, friends and grateful patients at once call to mind a score of good deeds and tender words. But it is only at rare intervals that the profession is called upon to mourn with these relatives and friends. Yet in the death of Dr. C. J. Lundy the medical profession loses one of its most able and accomplished members. He was always in the most advanced line pleading and insisting on a higher standard of medical education, while at the same time he was a living illustration of his own theories. As an ophthalmologist he ranked among the most skillful. For fourteen years he devoted his entire attention to this branch, and for many years has had one of the largest and most lucrative practices in the Northwest, if not in the whole country. At the time of his death at his residence in Detroit, May 24th, he was President of the Michigan State Medical Society, and Professor of Ophthalmology in the Detroit College of Medicine. He died of appendicitis a few hours after an operation undertaken for his relief. He was but forty-six years of age and in the full development of a noble manhood. For twenty years we enjoyed the privilege of his close companionship. He was dignified and courteous, firm and gentle. His duty was always clear to him and he never shrank from its full performance. We mourn his loss, as a brilliant light suddenly extinguished; as a great philanthropist taken away when apparently most needed and most useful; and as one of the dear, true friends of our early youth and manhood. "How long we live, not years, but actions tell." Dr. Lundy died young in years, but those years were crowded with good deeds and kind words.

The New York Code.

At the late meeting of the American Medical Association, Dr. W. W. Potter of Buffalo was virtually if not actually expelled from membership. By a vote of seven to three of the council it was decided that Dr. Potter was not eligible to the trusteeship to which he had been elected. The charge against him was that he was a member of the unaffiliating New York State Society. But Dr. Potter is not alone in this decision. It virtually disfranchises all members of the association who still belong to the dissenting New York Society. We may say it even goes farther; for how can anyone now remain in the association who does not fully accept the old code? A large number of the oldest and most influential members of the association are involved, and this action cannot fail to hasten to a decision some most interesting and complex problems.

Literary Diarrhœa.

The story goes that once upon a time a literary genius spied a small boy seated, rod in hand, on the banks of a stream. The genius wished to know if the boy was fishing, and he proceeded thusly to ascertain the fact: "Adolescence, art thou endeavoring to entice the finny tribe to engulp in their den-

ticulated orbs a hook, upon whose point is affixed a dainty allurement?" The story comes to mind upon reading the preamble of the bill presented to Congress by the committee of thirty appointed by the American Medical Association. The bill is to provide for the appointment of a new cabinet officer, a Medical Secretary of Health. We clip the following from the preamble, as an illustration of the confidence said committee has in the Emersonian qualifications of the average Congressman:—"The organism which is called medicine, like every other product of man's constructive genius, is striving to attain perfection, and to accomplish this it must be sustained in all its scientific undertakings by the co-operation of national and State legislation and the hearty co-operation of the people for whose health and happiness all its efforts are put forth to prevent disease. It is certainly a remarkable spectacle to observe its constant effort to save the people from disease, when success will limit to the smallest dimension the office of physician. But this grows out of the nature of their studies, the tendency of which gives the highest motive for unselfish service to suffering humanity."

THERAPEUTIC NOTES.

A new use for aristol appears in our exchanges. In a case of poisoning from rhus toxicodendron—poison oak—where there was much swelling and burning in the vesicular stage, the very best results followed dusting of the powder on the parts affected. The relief was so prompt it was almost magical.

Dr. Botti regards hydrastis as much superior to the secale preparations in the uterine hemorrhage of childbirth, as well as in ante- and post-partum bleeding. It has none of the disagreeable effects of ergot.

The testimony is rapidly accumulating that in piperazine we have a remarkable agent for dissolving uric acid and its concrements. It acts also upon phosphatic and oxalic acid calculi.

The Ale and Beef Co., so long established at Dayton, Ohio, has removed to 267 West 17th Street, New York. Such a company as this should never have settled in the West. The East needs the bracing, nourishing qualities of this preparation; the West does not. If Ale and Beef can infuse a little of Chicago into New York, this company will rank as a public benefactor!

Aristol is recommended by Dr. Eugenio Areoles in carcinoma of the uterus. It reduces the hemorrhage if present; the pain is greatly relieved and the discharge much reduced. In one case aristol completely arrested the hemorrhage, after the internal use of ergotin and local applications of iron and other remedies had failed. The aristol acts as a protective covering for the ulceration and stimulates cicatrization. It has only a local effect, not being absorbed, therefore all danger of poisoning is excluded.

Dr. H. A. Hare read a paper before the recent meeting of the Pennsylvania State Medical Society in which he stated he had arrested the night sweats in 59 out of 60 cases of consumption by the use of twenty-grain doses of camphoric acid.

In debility from *la grippe*, *The Prescription* advises:

℞ Pepsin in scales (Cudahy's)..... ʒij.
Acid phosphoric dil..... ʒiv.
Syr. hypophos. comp., q. s..... ʒiv. m.
Sig. Teaspoonful three times a day for an adult.

The *Weekly Medical Review* gives the following for burns:

℞ Lanolin,
Campho-Phenique,
Ung. aquæ rosæ,.....aa ʒj.
Misce. Signa.
Apply two or three times a day.

THE PROGRESS OF MEDICINE.

Perkinism. At a recent meeting of the Medical Society of this city Dr. D. W. Prentiss read the following paper on Perkinism: "Elisha Perkins, a practicing M. D. of Connecticut, flourished the latter part of the 18th century. He performed wonderful cures and was quite the rage in the different cities that he visited, performing his cures in public. His method was by the application of two metallic rods, of different metals, to the diseased parts, by which he claimed to draw out the disease. He visited London and other parts of Europe with the same success as at home, drawing great crowds and performing wonderful cures. We see in 'Perkinism' the same treatment as the modern *Metallo-Therapy*, which has been successfully used and endorsed by such authorities as Charcot, Vigouroux, Sequin and Hammond. These latter report undoubted cures, and no doubt Perkins made cures also. The cures effected were undoubtedly nervous, hysterical cases, and probably through much the same influences as our mind cures and faith cures are accomplished. The cartoon which I show to-night was found by Mr. G. K. Gilbert during a recent visit to London, where he came across it in an old bookstore. Thinking it might be of interest, he purchased it and kindly brought it to me. It bears the inscription: 'London—published Nov. 11th, 1801, by H. Humphrey, 27 St. James Street,' and was printed about the time Perkins was performing in London. There is in the picture what purports to be a copy of 'The True Briton,' evidently a newspaper, with the inscription:

THEATRE.

DEAD ALIVE.

GRAND EXHIBITION—LEICESTER SQUARE.
Just Arrived from America—the Rod of Aesculapeus.

PERKINISM IN ALL ITS GLORY,
being a certain cure for all Disorders—Red Noses, Gouty Toes, Windy Bowels, Broken Legs, Hump Backs.
JUST DISCOVERED
THE GREAT SECRET OF THE PHILOSOPHER'S STONE,
With the true way of turning metals into gold.

Pro bono publico.

"For the rest, the picture (in colors) represents a rotund Englishman, over whom stands not a bad representation of an old-fashioned, shrewd, uneducated Connecticut Yankee, with one 'tractor' between his lips while he draws perceptible volleys of disease out of the victim's cheek and nostrils with the other. The expression on the face of the patient is one of agonizing fright. The surroundings of table, brandy bottle, pipe and dog, and a picture of Bacchus on the wall, would indicate that it is a private seance."

To Prevent Mastitis. At a recent meeting of the New York Academy of Medicine, Dr. Virginia M. Davis read a paper on the preventive treatment of mastitis. Of 715 mothers cared for at the New York Foundling Asylum, only ten came to have pus in the breast. The preventive measures consisted principally in keeping the child's mouth clean and healthy; the nipple from cracking; avoiding engorgement, stasis and inflammation in the breasts. After each nursing an ointment containing a few drops of tincture of benzoin was applied. If a fissure existed some slight astringent was applied. If the fissure refused to head during nursing, this must be discontinued, for a time at least, and the parts be put up in a bandage and treated until healing took place. If inflammation is threatened, the bandage is applied; the ice bag used; mild purgation employed, and the milk expressed as might be necessary. Mastitis is most likely to manifest itself from the fifth to the twentieth day. Taken from the New York *Journal of Obstetrics.*

Removal Uterine Appendages for Epilepsy. In the June number of the *Virginia Medical Monthly* is an article by Dr. Joseph Price of Philadelphia on the removal of the uterine appendages for epilepsy. Dr. Price has operated thirty-two times and "with varying degrees of success." A careful study of each case is necessary in order to become thor-

oughly convinced of the relation of the uterine appendages to the attacks of the epilepsy. This is possible, especially when the hystero-epileptic attacks appear at the beginning of each menstruation. The cry of unsexing as barbarous, in such cases, can only be uttered by the unthinking. The doctor believes it would be far better if all epileptics were asexual, and "it would be far better if all cases within a certain degree could be rendered so." Outside of well-marked intimate relation between the disease and the pathological condition of the ovaries and tubes, it is the better practice to abstain from surgical interference. The number of cases operated upon is not sufficiently large to determine the exact value of the treatment. At present the question must be held *sub judice*.

Inflammation of Eye, Ear, Nose.

Dr. W. H. Bates of New York gives his methods of treating chronic inflammations of the eye, ear and throat, in the June number of the *Virginia Medical Monthly*. Although a teacher of the subjects he discusses, yet his methods do not altogether meet the approval of this journal. For instance, he states that "the ear is injured by spraying the nose." "Chronic middle ear inflammation results from the use of even lukewarm water sprayed or snuffed up the nose." While in no ways advocating snuffing water up the nose, yet we fail to see how an intelligent use of the nasal spray can cause middle ear inflammation. But Dr. Bates believes it; therefore he applies remedies to the mucous membrane of the nose and throat by means of cotton wrapped on a fine probe. The author of the paper says that spraying the nose and throat to cleanse the mucous membrane in those common forms of inflammation not caused by infection, not only may fail to relieve, but is often injurious. A further objection to the spray is that the remedies used reach parts which may be healthy. While it is the opinion of the REVIEW that the spray is almost exclusively limited to its use as a cleansing agent—in nose and throat troubles at least—yet as such it is useful and has its place. Intelligently used we believe it is far more efficacious than the probe and cotton. When properly used it is harmless and unlikely to cause ear complications. Dr. Bates also believes in heroic doses of iron. In a case of chronic naso-pharyngeal catarrh, with anæmia and poor appetite, the tincture of iron was ordered, ten drops well diluted, after meals. No other treatment. The dose was rapidly increased until in one week the patient was taking one drachm hourly; and in two weeks he was taking two drachms hourly, through the day. As the catarrh improved the dose of the iron was diminished, and the catarrhal symptoms finally all disappeared. Dr. Bates believes that a chronic suppurative inflammation of the middle ear, not caused by infection, is made worse by the use of cleansing or antiseptic solutions.

A Successful Practitioner.

In the *Medical Brief* for June is a letter from a physician, residing in the State of Kansas, who is evidently very successful in his practice and very confident in the curative power of drugs. He always cures erysipelas with the muriated tincture of iron, one ounce; glycerine, three ounces; one teaspoonful every three hours; with proper doses of quinine. He has seen two cases of laceration of the perineum caused by forceps, but, in a practice covering twenty years, has never seen a laceration caused by nature. He thinks very lightly of the "mania" for cleansing the vagina, after confinement, with antiseptic washes. The tincture of honeybee is a most excellent remedy in urinary troubles, and it should come into more general use. The tincture of pulsatilla, in five-drop doses, every three hours, is a specific for orchitis. He never fails to cure cases of leucorrhœa in a few days, by the administration of the compound syrup of partridge berry and aletris cordial, and a wash of pinus canadensis. He makes a vaginal examination, in such cases, very rarely, not once in ten cases.

Thiol. Ichthyol.

Among the new remedies introduced to the profession for the treatment of abnormal conditions of the skin, ichthyol has won a first place. But it has the dis-

advantage of having a strong and disagreeable odor. Ichthyol is prepared by the destructive distillation of a mineral rich in sulphur and the fossilized remains of marine animals. It contains a certain proportion of indefinite, evil-smelling organic bodies, which cannot be removed without decomposing the product. By what may be designated synthetical methods, a product is obtained, free from the disadvantages of ichthyol; this is called thiol. Thiol forms a clear solution with water, especially in the presence of glycerine. Several chemical authorities have examined the two products side by side, and the conclusion is reached that thiol is even superior as regards its chemical purity; while a large number of medical authorities have testified that therapeutically it was superior to ichthyol, with the additional advantage of comparative freedom from odor. The current number of *New Remedies* gives a detailed list of affections in which thiol has proved of great value. Among these diseases we note the following: Eczematous affections, erysipelas, herpes, dermatitis, lupus, contusions and subcutaneous hemorrhages. Thiol is "a purified form of ichthyol." It is a substitute for ichthyol. Considering its advantages, the writer predicts for it a wide use, when its true merits are fully understood by the profession.

Treatment of Toothache.

In the Brooklyn *Medical Journal* for June is an article by Dr. R. L. Dickinson on "Dentist, Doctor and Decayed Milk-teeth." The following is a summary of treatment:—1. Rinse the mouth and the cavity thoroughly with warm water in which is dissolved all the baking soda it will carry; failing, 2. Dry the cavity gently with surgical cotton (absorbent) made into a swab on the end of a knitting-needle or crochet-needle, and 3. Drop one drop of creosote or pure carbolic acid on a bit of absorbent cotton and pack it gently into the cavity. 4. A small capsicum plaster (¼ inch square) bought at the drug store may be placed on the gum. If the tooth is sore to bite on, No. 4 is best. 5. Take the child to the dentist to find out what should be done to the teeth.

Therapeutic Value of Alcohol.

In an editorial in the current number of the *Bacteriological World*, Dr. J. H. Kellogg gives his views on the value of alcohol as a therapeutic agent. He hardly takes so strong a position as does Dr. U. S. Davis of Chicago, who would have alcohol discarded not only from the sideboard, but also from the dispensing case as well. Dr. Kellogg says that in a practice of twenty years he has seldom found occasions for its use, and he is more and more convinced that while certain therapeutic effects can be evidently obtained by the drug, yet there are other drugs by which the same results can be equally well accomplished. Alcohol could be omitted from the list of therapeutic agents without any material loss.

The Nasal Douche.

Dr. L. A. Dessar of New York gives his opinion of the value of the nasal douche, in the June number of the *International Journal of Surgery*. He regards the douche as the best means of effectively cleansing the nasal cavities and of exerting a local action upon the mucous membrane. The Weber douche is used very extensively; although there are other douches based upon the same principle. These douches consist of a vessel connected at the bottom with a rubber tube, terminating in a rounded tip, which fits into the nostrils. After inserting the tip the vessel containing the fluid is raised to the level of the head or slightly above, the head being inclined over a basin which receives the discharged fluid. When the reservoir is raised the stream enters one nostril, passes around the posterior border of the septum, and escapes through the other in a continuous stream. This douche is doubtless familiar to all our readers. But Dr. Dessar thinks this a dangerous appliance in the hands of a patient. If too much force be used, in consequence of the reservoir being raised too high, the fluid may be driven into the Eustachian tube, causing inflammation of the middle ear, rupture of the drum membrane, and even mastoid inflammation. Roosa and Knapp have especially called attention to the injurious effects of this douche. Properly used this method

would fill every requirement. But there is too much danger that the physician will not give exact enough directions, and that the patient will not adhere to the directions if given. Therefore, Dr. Dessar has abandoned this form of douche and uses a glass cup terminating in a nozzle at one end, shaped so as to fit in the nostril. The cup holds about two and one half ounces. Such an apparatus can be safely entrusted to the patient with only a few directions as to its manner of application.

Cholera Infantum.

The *Medical World* for June is a "cholera infantum" number. There are a large number of original communications on the subject, some of which are unusually good. However, it is the opinion of the REVIEW that not much is gained by having so many articles on a single subject. The question is likely to arise that out of so much, which shall we choose? So many remedies and such a variety of ideas lead to uncertainty and confusion. One writer says that the statistics relating to cholera infantum are notably misleading and altogether worthless. One author tells of the terrible ravages of the disease, while another, Dr. J. A. Larrabee, of the Hospital Medical College of Louisville, says that under his plan of treatment death from cholera infantum will be the rare exception. Dr. Larrabee's treatment consists in hypodermic medication after the plan so universally followed in cases of cholera morbus. Dr. Woodbury, of the Medico-Chirurgical College of Philadelphia, thinks medication secondary to hygienic treatment. If there is a distinct cause for the irritation then give a dose of castor oil or the syrup of rhubarb. After this pay particular attention to the diet. Dr. Woodbury mentions Carnrick's Soluble Food as often causing the vomiting to cease and the irritability of the bowels to pass away. If there is collapse or great feebleness a stimulant is called for. He often prescribes Bovinine, which contains ten per cent of old Bourbon whiskey, in cases of summer diarrhœa or so-called cholera infantum.

Where there is intestinal indigestion and irritation with green slimy stools, Dr. Woodbury prescribes tablets of Papoid, bicarbonate of soda, and peppermint, as made by Johnson & Johnson. The doctor does not place too much reliance upon any drug or combination of drugs; but rather upon pure air, properly prepared food, attention to the skin and avoiding extremes of temperature or sudden changes from heat to cold.

In this same number is an article by Dr. Knox, of Rush Medical College. Dr. Knox advocates the hypodermic treatment, giving 1-150 to 1-100 grain of morphia with 1-1000 grain of atropia as a dose for a child one year old. While this appears to correspond with the treatment of Dr. Larrabee, yet Dr. Knox says the prognosis is very grave. One writer, who signs his name with an M. A., M. D., Ph. D., etc., says that by the use of castor oil, carbolic acid and corrosive sublimate he has lost but two of one hundred cases.

The conclusion one reaches after perusing this number is that many of the cases called cholera infantum are not such; that genuine cholera infantum is a very grave disease, and that there is no clearly defined, generally accepted line of treatment. In an editorial on this subject, Dr. Taylor truly remarks that "the treatment of this disease will tax to the utmost the knowledge, skill and ingenuity of even those who are best prepared."

Treatment of Empyema.

In the *New England Medical Monthly* for June, Dr. Brownlee of Danbury, Conn., reports an interesting case of empyema treated with the peroxide of hydrogen. Dr. Brownlee was called to the case four weeks after the attending physician had diagnosed pneumonia. At this first visit, the patient's temperature was 105, respiration 48, and pulse hardly perceptible. The hypodermic needle confirmed the diagnosis of empyema. Ether was administered and about an inch of the sixth rib, in the axillary line, was resected. An opening was made into the pleural cavity and two gallons of pus evacuated. The cavity was washed out with Thiersch's solution and two large drainage tubes placed in the wound. This treatment was continued for two weeks, but each

evening the temperature would rise to 102 or 103. Then a solution of the bichloride, 1–5000, was substituted. In about a week a very active salivation presented itself. The temperature was not quite so high, varying from 101 to 101½ each evening. The treatment was again changed, substituting Marchand's peroxide of hydrogen for the bichloride solution. The peroxide was introduced full strength, and was then washed out with a weak borated solution. From this date the patient rapidly improved. The temperature fell to normal, and rarely exceeded 99½ at any time. In two weeks the discharge had ceased, the drainage tubes were removed, and the wound closed in a few days. In eight weeks from the day of operation the patient returned to his work. Dr. Brownlee only regrets he did not use the peroxide from the beginning, believing if he had done so he certainly would have gained considerable time.

The Uterine Sound. Its Uselessness.

Probably next to the speculum, the uterine sound is most used in the gynæcological work of the general practitioner. But Dr. Sherman Van Ness of Omaha declares, in the *Omaha Clinic* for June, that the uterine sound is an utterly worthless contrivance and should be completely banished from the surgeon's armamentarium. There is scarcely another instrument known to the surgeon to the charge of which can be laid such an amount of damage. That it is easy to insert a clumsy piece of German silver into the yielding uterine canal the doctor freely admits; and that the procedure is very frequently attended with disastrous consequences, and is, in all cases, needless, he most positively asserts. Nearly all the results which can be obtained by the use of the sound, certainly all the most important, can be as well obtained by anyone who has to any degree perfected himself in the practice of bimanual palpation. By conjoined manipulation it is possible to ascertain the size of the uterus, and hence approximately the length of the canal; the mobility of the uterus; the condition and degree of flexion and version; the sensitiveness of the organ; the presence of growths outside the uterine body and their positions; and the relations of the uterus to surrounding structures. Some of the objections to the sound are as follows: It might be used in the early stage of pregnancy when such a condition could not be positively excluded; it is likely to provoke a recurrent attack of acute inflammation of the tubes or ovaries; if vaginal gonorrhœa chance to be present, the sound is a sure means of carrying the disease to the deeper structures; many cases have been reported where, in cases of displacements, the sound has penetrated the uterine wall. As, therefore, the sound may do great harm, and as similar and equally trustworthy information can be obtained by other means, it would be a gain to gynæcology should this instrument be discarded.

Recovery after Craniotomy.

In a recent number of the *Medical Brief* is an article entitled "A Remarkable Case," and certainly the report substantiates the title. The author, Dr. W. Gregg Austin, states he was called to see Mrs. B., in confinement. The woman had been in confinement for thirty-six hours, with frequent convulsions for several hours. The convulsions were controlled with chloral and bromide internally and chloroform by inhalation. After a careful examination the doctor decided to perform craniotomy. With an ordinary pocket knife the skull was punctured, just to the right of the sagittal suture and some distance in front of the posterior fontanelle, in close proximity to the fissure of Rolando. The opening was circular, about three quarters of an inch in diameter, leaving an attachment similar to an opened oyster can. The forceps were then applied and the woman delivered. While compressing with the forceps, about a teaspoonful of brain substance oozed from the opening and was lost. An old woman assistant said a teacupful of brain was lost. Some time later the doctor's attention was attracted by the cries of the child. Seeing the child was alive, the doctor pressed the head of the child into shape, placed the circular flap of bone in position, dusted the wound with aristol and applied a bandage. Suffice it to say that at the

time the doctor wrote the article, the child was ten days old and doing well. The only unfavorable symptom which developed was some twitching and tremulous motion of the right arm, attributable to the wound of the brain. Dr. Austin has consulted the text-books and concludes that his case is an exceptional one. Before any of the readers of the REVIEW attempt a case like this we would suggest that they read this journal for June, page 61, on the subject, "Is Craniotomy Justifiable on the Living Child."

Treatment of Lachrymal Obstruction.

In the *New York Journal* for June 4th is an article on the treatment of obstruction of the lachrymal duct. The treatment of this annoying affection has been based on the theory that the function of the lachrymal duct was that of a great drain. But such is not the case. It is a tiny capillary tube. By examining a large number of skulls it was found that in none were the lachrymal ducts large enough to admit the larger probes advised for "probing the living, membrane-lined, and therefore narrowed, canal." What nonsense then to jam a probe, by brute force, down among the congested membrane, wounding it in every part of its length by crushing it between the rigid probe and the bone, against which it lies in such close union! Yet this is the usual routine practice of the day. The writer, Dr. Geo. M. Gould of Philadelphia, says his treatment is founded upon natural methods and is an extension of nature's indications. We all know the habit little children have of "gouging the corners of their eyes" with their fists when the fount of tears overflows. Here is an idea, sure enough! The infants are making use of massage. Massage alone will cure many a case of obstruction of the lachrymal duct. The continued and repeated emptying of the clogged sac by pressure is one of the latest discoveries in therapeutics. But, more than this. We can cleanse the parts with antiseptic and astringent fluids, thus healing and restoring them to their physiological order. First, empty the sac by dexterous pressure. Then cant the patient's head back and to one side, or have him lie so that a teaspoonful of liquid will be held in the depression at the inner angle of the eye. Fill this depression with some of the following boric acid solution: Boric acid, 10 grains; common salt, 3 grains; chloride zinc 1 grain—all deeply tinted with pyoctanin-blue, and doubly filtered after long standing. With the little finger again empty the sac and canaliculi by pressure, then by lessening the pressure allow the parts to refill, by suction and capillary attraction. Again repeat, with the pressure toward the nose and downwards. A certain number of cases are not thus cured. Then insert one sharp point of the iris scissors into the punctum and snip it open about one eighth of an inch, perpendicularly downwards toward the conjunctival fold. This gives a larger opening for the indrawal of the solution. This treatment requires no "specialist," and it can be carried out by the patient at home, after an explanation by the family physician. A large proportion of cases will find speedy relief by the application of this method.

Infant Feeding.

Dr. Edward P. Davis of Philadelphia contributes an article of ten pages to the *Philadelphia Polyclinic* for June, on Infant Feeding. Any article of value on this subject is especially welcome during these heated days of summer. Professor Davis recommends that as early as the eighth month of pregnancy the breasts and nipples should be washed twice daily with warm water and castile soap, followed by the use of a simple ointment of cocoa butter, cosmoline, vaseline, or vaseline containing ten grains of powdered boric acid to the ounce. The use of agents to harden the nipple favors the occurrence of fissures. If the labor has been comparatively brief and the mother is not exhausted she may attempt to nurse the child so soon as she feels rested. If the nipples be thoroughly cleansed with a saturated solution of boracic acid to a small cup of which a teaspoonspoonful of glycerine has been added, much will be done to obviate the danger of sore mouth in infants and sore nipples in the mother. Give the child pure water to drink, a teaspoonful at a time as often as desired. Its greatest

need is for water. Let the child nurse but two or three times during the first twelve or twenty-four hours. When lactation is established the child should nurse at regular intervals, and its feeding be so planned that between ten in the evening and six in the morning the mother is wakened but once to nurse it. If artificial feeding is necessary, then milk of good quality from a thoroughly sound cow is the best. If such milk cannot be obtained then condensed milk will be found of great value. Milk should not be given to a child without sterilization. The milk should be heated to a temperature of 155° F. for six minutes and then cooled rapidly. This leaves the milk both palatable and in a digestible condition. The sterilized milk need be prepared but twice daily, in the meantime keeping it upon ice. Through a glass funnel the sweetened and diluted milk is introduced into perfectly clean nursing bottles. The bottles are corked with cotton which has been baked. They are then placed in a basin in the bottom of which are several inches of water. The basin is placed on the fire and the water allowed to come slowly to the boiling point. When the water simmers the time should be noted and the bottles should not remain in the water longer than ten minutes. They should then be cooled rapidly. The best nipples are those of simple black rubber. They should be rinsed in soda solution and kept in boracic acid solution when not in use. To peptonize the milk the following formula has been found of practical value :

Water, 4 tablespoonfuls.
Milk, 4 tablespoonfuls.
Cream, 1 tablespoonful.
Peptonizing powder, a suitable amount.

Professor Davis recommends Fairchild Brothers and Foster's Powder for this purpose. Among the artificial foods he recommends the addition to the milk of either Mellin's or Horlick's Food. The characteristics of good feeding are, Regularity, Cleanliness and Common Sense.

Poisoning from Cocaine.

The *Druggists' Circular* informs us that a letter from Professor Germain See was read before the *Societe de Chirurgie* of Paris, recently, in which he stated that he had collected the particulars of two hundred and sixty accidents with the hypodermic injection of cocaine, of which twenty-one terminated fatally. The professor regards the drug as dangerous and is opposed to its employment. The REVIEW has often been surprised at the wonderful stories told about the free, and, we might add, careless hypodermic use of this powerful drug. When used hypodermically, unless special precautions are taken to prevent its entrance into the general circulation, it is certainly not free from danger. In the stronger solutions more of the drug is used than is, at first thought, believed to be the case. Cautiously used, in as weak solutions as possible, we have never seen an untoward effect from its application to the mucous membrane of the nose or throat. We believe, however, that it is often used too freely and in too concentrated solutions.

Treatment of Stammering.

In the June number of the *Physician and Surgeon* is an article of seven pages on stammering. The author, Dr. Alonzo Bryan of Detroit, first describes some of the phenomena of stammering and then proceeds to an interesting discussion of the physiological principle that appears to figure largely in the production and perpetuation of the malady. He concludes that perhaps stammering is a proof of the division of labor between the encephalic masses, and, at the same time, a proof of the antagonism that may be aroused between and among them. It is evident to all that an intense struggle is going on during a paroxysm of stammering. This is a pathological antagonism between the cerebrum and the inferior ganglia of language. The doctor then discusses the immediate causes of stammering and closes with its treatment. Carried out intelligently the treatment should usually be successful. A large number of cases have a tendency to recover; especially is this true of young children. The plan of total non-interference should be adopted in treating all young children. Ridiculing, or forbidding, or even attempting to benignly educate them out of it, only unfortunately infixes it. In a vast majority of cases the child will recover if placed

in circumstances of absolute freedom of general growth, physically and mentally. Self-confidence should be cultivated. The child should be well trained in consentaneous motion, as dancing, calisthenics and music. It should be entirely removed from all opportunity to imitate another stammerer. The whole nature of the child should be incited to equable activity.

Catarrhal Gastritis. The *Medical Record* gives a very full report of the meeting of the American Medical Association at Detroit. From its reports we learn that Dr. H. N. Mayer of Chicago read a paper on catarrhal gastritis. Dr. Mayer says that the term dyspepsia should be given up. It is a symptom and not a disease in itself. In chronic catarrhal gastritis there is too much mucus with a resulting impairment of digestive power. The trouble is more common in males and is most frequently caused by tobacco, alcohol and excess in iced drinks. The treatment is one of diet and but little medicine. He directs his patients to drink from eight to sixteen ounces of very hot solution of bicarbonate of soda—ten grains to the pint—twenty minutes before eating. This removes the mucus and enables the food to come in direct contact with the mucous membrane of the stomach. A trial meal of lean meat and buttered bread may be ordered, and, as the patient improves, oysters, eggs, etc., can be added. Bismuth, nox vomica, tonics, etc., are only adjurants. Pepsin is good if there is atrophy of the gastric glands.

Operation for Relief of Deafness. In the archives of otology, Dr. Sexton reports seven cases with results from the operation first suggested and practiced by him for the relief of deafness, noises in the head and ears, and vertigo. In certain cases of progressive sclerosis, the deafness, tinnitus, etc., cannot be arrested by any known local medication to the ear or throat. In most cases of progressive ankylosis, however, the deafness may be arrested and possibly improved. The operation is performed under narcosis, is therefore painless, and there is seldom any reaction or soreness in the ears afterwards. The operation is entirely devoid of danger. The incus is not always removed, since it cannot always be seen. As a result of the removal of the drumhead and the ossicles the hearing for high tones is immediately improved. The ability to hear low tones is not always improved immediately, but develops later.

Eye-Strain and Nervous Derangements. In the New York *Medical Journal* for June 11th is an article by Dr. Ambrose L. Ranney of New York on "Some prevalent errors relating to eye-strain as a cause of nervous derangement." The article is concluded in the number for June 18th, and is a most valuable contribution to progressive medicine. Many progressive practitioners have been strongly impressed of late that "eye-strain" is the underlying cause of many nervous diseases, some of which have been commonly regarded as organic, such, for example, as insanity, epilepsy, and St. Vitus's dance. The doctor starts out to prove that eye-strain may be the cause, rather than the result of many obscure diseases. Many patients are referred to Dr. Ranney for treatment, bringing with them the verbal or written opinion of prominent medical men that "organic disease unquestionably existed." Yet these same patients took no drugs; continued their customary vocations; and recovered. In the paper there are reported four cases of epilepsy, several of nervous prostration, so severe as to justify the most serious doubts in any medical man as to a perfect recovery being possible; one case of mental collapse, so severe that the patient could not dress himself until told exactly what to do; one of melancholia with morbid impulses; one case of epileptic mania; several cases of neuralgia, paroxysms, etc., etc. Yet we find these cases entirely relieved by the removal of the eye-strain which was most marked in each instance. Among the "conclusions" we find the following: The determination of refraction without the use of atropine is unscientific, and usually unreliable as a matter of record; the methods of determining refraction by an ophthalmoscope, as employed in public institutions, are unreliable and

unscientific; the conditions that cause eye-strain are usually congenital; eye-strain is a frequent cause, and perhaps the most important of all factors that tend to produce functional nervous diseases; typical sick headaches are associated with eye-strain. The whole paper is some seventeen pages in length.

Nasal Disease and Surgery.

It is something of a comfort to the editor of this journal to read such an article as appears in the *Maryland Medical Journal* for June 18th. Dr. George Thomas of Baltimore gives a paper on the relation of surgery to the treatment of nasal disease. We have long held to the belief that the only rational method of curing chronic catarrhal affections of the nose, generally speaking, is by surgical interference. Washes and sprays may do good in their way, as cleansing agents, but the rapid and permanent cure of nasal disease necessitates the resort to surgery. Rhinology, therefore, as we understand it, is a branch of surgery. Dr. Thomas wisely asks if there can be any reasonable hope of removing hypertrophied tissue over a turbinated by medicated sprays? We answer, we might as well think of removing a deformity of the nasal septum by the same treatment. The knife, the saw, the snare, and the galvano-cautery, these are the instruments by which catarrhal affections are remedied, not by the use of pleasant and soothing washes. Dr. Thomas is evidently of something of this mind also, for he concludes his paper as follows: 1. That no diagnosis can be reached, and no course of treatment should be suggested, before a thorough examination of the nasal cavity and its accessory sinuses has been made. 2. That local medication is never curative in chronic disorders. 3. That the same rational principles that lead to the discovery of the cause of disease, its prevention or its removal, should be applied in this department of medicine. 4. That the cause and essential lesions in chronic nasal disease can only be remedied by surgical treatment. 5. That nasal disease is as curable as other conditions where surgery is indicated. 6. That rhinology is distinctly a branch of surgery.

Letters to a Young Physician.

My Dear Doctor: — I suppose the complaint you make has been made by every young doctor who has tried the practical side of his profession. You say you are already tired of doing so much work for nothing; that your services are not appreciated; and that the public, at the best, consists of a conglomeration of ungrateful human sponges. In advising you to continue as you have been doing and give your services freely to all who ask you for help, I would remind you of a few things. You must remember that but few people, besides yourself, really know how smart you are. The fact that your teachers told you there was a wonderful future before you, and that your class was the smartest ever graduated from the college, does not fully offset the fact that you showed you were frightened nearly to death when attending your first case of confinement. Be content, doctor, and remember that on the shoulders of the poor hundreds of young physicians have been carried into the palaces of the rich. The experience you receive and the confidence you gain in yourself will one of these days bring you in that which you now so much desire and need, recognition and compensation. Still, you do one thing which I certainly would not advise you to continue. You speak with pride that you are often called by Dr. Blank to assist him in his operations. And how do you assist him? By giving the chloroform. Unless you intend, for special reasons, to make an expert of yourself in this line, I would certainly cease playing such a secondary part on every possible occasion. Rarely you are paid for it, you say, and your responsibility is immense. Certainly make yourself proficient that you may be ready to accommodate, at all times, but do not make a business of doing this work. It will never make you a surgeon and will add nothing to your standing before the public or the profession.

Very sincerely yours,

The Review.

THE
NATIONAL MEDICAL REVIEW.

VOL. I. WASHINGTON, AUGUST, 1892. No. 6.

THE EDITOR'S TABLE.

School Examinations.

Closely related to the subject of paranoia, noticed on page 93, is the subject of school examinations. In the case of highly sensitive children, the last few days of school become days of intense excitement and severe mental strain. Too often the parents give aid to this unnatural condition, and urge on their brilliant children to the contest. And with what result? Let many a physician and parent testify. Great fatigue, prostration, fever, and sometimes delirium, are only too commonly observed. The whole summer vacation is spent in an effort to regain sufficient health to begin anew the struggle. All this is wrong. There is scarcly a teacher in our public school who does not know, before examination days begin, who should be promoted and who should be kept back. Let final examinations be abolished as a rule, and only employed to decide disputed or doubtful cases. We are told that the public school board of Baltimore has decided to abolish the annual examinations for promotions. It is a move in advance and we hope to see the plan generally adopted. There are interests apart from that of the scholars which demand the change. The teachers should be remembered, and should be relieved of all unnecessary work. Then, again, the marks of examination time are no certain test of the scholar's ability, and far from a test of capacity to make life a success. Let all unnecessary examinations be abolished.

Physicians Are Interested.

But why should physicians take any special interest in such questions as school examinations? Simply because the physician is the guardian of the physical welfare of the community, and when he knows conditions exist which jeopardize the health of the people he is unworthy his calling if he fails to sound the alarm. Physicians are too seldom found on school boards. Yet here is one of the broadest opportunities for good. The present health and the future welfare of our children are too unreservedly in the hands of those who of necessity know little of physical and mental hygiene. The man of business, the scholar, the retired capitalist, all may do good work, but a prominent figure on all school boards should be the medical man, well versed in the doctrines of his calling. The physician will not rise to the true dignity of his profession until he becomes a great power for good in all the avenues of public life. For is not this good philosophy? A sound body is a great step to a sound mind, which is a great step to sound morals.

The Country vs. The City Doctor.

It appears that some one has asked Dr. J. J. Lawrence, the editor of the *Medical Brief*, why it is that the average

country practitioner is so far superior to the average city physician. This is certainly enough to provoke the broadest kind of a smile, even during the heated term. The country practitioner must be most wonderfully endowed by nature, to excel his city friends! We will not set up the claim at present, that the city practitioner is the better qualified, but we will go far enough to ask a question or two. Are medical societies of any benefit whatever? If so, which has the better opportunity of attending the weekly meetings, the city or the country practitioner? In which are the most skilled experts found, the country or city? If in the city, then in which place would inefficient work be soonest discovered? In which place is legitimate strife most necessary in order to lead? Do city or country patients have the larger number of physicians from which to choose? If the city patients, then is not the desire to excel and thus be chosen, much greater there than in the country? Which has the better opportunity for hospital, dispensary, library and professional consultations? We doubt not but that there are as good practitioners in the country as in the city. Such men desire much more credit for obtaining the position they occupy; for the average man must have prizes held before him, and must be spurred on by some outside force to accomplish his very best work. The country practitioner does not have these; the city practitioner is surrounded by them on every side. He is placed side by side with the most eminent authorities in all branches of medicine; his associates have aids from all that science, skill and money can render; if successful, scores of men are ready to acknowledge his ability, and large fees are easily commanded; if unsuccessful, he seeks his natural level in the shortest time. Dr. Lawrence advises the city physician "to read a little more and think a little harder, or the time may come when the physicians for our hospitals and professors for our colleges will be selected from the ranks of the country doctor." In conclusion, we believe that the natural tendency of city professional life is to bring out and develop what is in a man, far more than life in the country. Therefore all the more credit to the country physician who succeeds.

Newspapers and Medical News.

Our attention has been directed to a singular state of affairs, which at first glance puts this journal in rather an anomalous position. A friend asks why we so strongly object to the appearance of an article in the public press by a single member of a medical body, when said body itself presents its claims to the public through the same medium? "It does certainly stand to reason that if a body of men do a certain thing of this kind, its individual members should be accorded the same privilege." We have no hesitation in declaring that if a number of medical men, as a body, presents its ethical claims to the public through the public press, then its members should be allowed to do the same if they so desired. However, to our mind, two wrongs do not make one right; therefore we as positively assert that neither collectively nor individually should medical men give their ethical matters to the public press. While such matters have thus appeared from a collective body, yet we cannot believe they came authoritatively from such source; that is, that said body ordered such publication. Did we so believe we would be in favor of a radical change in this particular at once. In

these days of enterprise, the newspapers get hold of facts and figures in an unaccountable way. We venture to state that after some such fashion the ethical matters of society proceedings have thus reached the public.

"Closed for Repairs."

The great storage Battery, from which proceeded such magnetic influences at Willard's Hall, electrifying countless numbers of hypochondriacal individuals, has retired for repairs. Now is the time for all parties to take an invoice of stock and see how things progress. Well, so far as the diseases are concerned they are still progressing in fine shape. The old crutch is brought out again and the faithful cane is leaned upon a little harder than ever. The tick of the watch is no longer painfully acute to the ear, for even the stroke of the old kitchen clock is not heard. The rheumatic enlargements of the joints look a trifle larger than they did, and the old hip again gives its warning of the approaching storm. The palsied arm refuses to rise and affirm its belief in a lasting cure, while the muscles of the hysterical jerk and twitch with old-time fashion. On the other hand, the great Battery is off by the sea, dealing out the gold and silver, breathing in the invigorating breezes of his classic city, and storing up "wonderful healing power" for another winter's pull. The summer is spent in ease and affluence, mountain rides and yachting parties, shaded glens and ocean breezes. The hot blood comes now to our cheeks as we think of the many people who abandoned their annual vacation that their money might bring a cure and satisfy the greed of this mountebank. A more detestable fraud is hard to imagine. Before another season comes may we be enabled to deal with such cases by the firm hand of the law!

A Question of Fees.

We would like to ask a very simple question, and call upon some of our friends for a reply. Why should not the general practitioner get as high fees for testifying in court as does the specialist? A chemist analyzes a stomach, testifies to his work in court and receives therefor a handsome fee, often in the thousands of dollars. This work requires skill, to be sure, but the laws of chemistry are fixed and a large part of the labor is in following well-beaten paths. But how is it with the general practitioner? He testifies in court to the treatment he employed, well knowing a number of others, equally as competent, stand ready to testify to the efficacy of a different treatment. He can follow no fixed rules; the list from which he must choose his drugs is large; no two cases are precisely alike; his testimony is easily criticised, and its value often ridiculed. Yet, for all this, he is paid, not as an expert, but as a man whose business is harmed about so much per day by his absence from it. We are inclined to believe the general practitioner does not stand up for his rights. He is not one whit inferior to the so-called expert or specialist; therefore, his testimony is as valuable in dollars and cents. These remarks are not intended to disparage the high fees received by experts for testimony in court: they are intended rather to urge upon the general practitioner to stand more firmly for his rights, and place a value upon his services to justice second to none.

Keep Cool.

These words have something refreshing and delightful about them. They remind us of the old mill pond and the shaded creek. Into the former we plunged with our mates for a swim, and into the latter we threw hook and line, hoping,

if the wind was right, to get a nibble, and, perchance, a fish. No trouble in keeping cool during the days of long ago. But now, we forget the meeting at the water's edge, and the fish pass by unmolested. Therefore, we get what comfort we can from looking at these words, Keep Cool. With the thermometer crowding up into the nineties this is easy advice, and it is as practical and valuable as it is easy. Do not hurry these scorching days. It is not good teaching to rush through our burning streets unprotected from the scorching rays of the sun. These thoughts come to us as we read in an exchange that Dr. Wm. A. Hammond has collected seventy cases which have occurred in this city, during the past ten years, of men dying suddenly from running to catch the cars. Yet, on the other hand, there are persons whom we have seen who could not or would not hurry even if the cars were pulling and the rays of the sun were pushing!

A Prosperous Career.

We are pleased to note the generosity of one of our well-known advertisers, Mr. C. N. Crittenton. The business of Mr. Crittenton has increased largely of late years and, therefore, he decided to share its profits with some of those oldest in his services. Mr. Crittenton has amassed great wealth in his business and has unobtrusively poured it out whenever opportunity offered. The new corporation starts out with a capital of $800,000. The men who have been taken into the company have been with Mr. Crittenton from thirteen to twenty-eight years. Mr. Crittenton started with a capital of twenty-five dollars, and is now rated as a millionaire many times over.

An Honor Well Bestowed.

From notices in the Associated Press we learn that Dartmouth College has conferred the degree of Doctor of Laws upon Dr. N. S. Lincoln of this city. Dr. Lincoln graduated from Dartmouth in 1850, receiving the degrees of B. A., and M. A. In 1852 he graduated from the medical department of the University of Maryland. Two years later he opened an office in this city, since which time he has been engaged in the active duties of his profession. Columbian University was not slow to recognize his ability and in 1857 elected him to the chair of Chemistry. Two years later, he was transferred to the chair of Theory and Practice of Medicine. In 1860 he was made Professor of Anatomy and Physiology; and one year later was given the professorship of Surgery. This position he held until 1874, when he resigned to devote himself exclusively to his large and lucrative private practice. In 1861 he was appointed by President Lincoln as surgeon to the District of Columbia volunteers, and soon thereafter was made surgeon-in-chief of the army hospitals established in this city, a position he held during, and for some time after, the war. At the present time Dr. Lincoln is the President of the Medical Association of the District of Columbia. With such a history, we feel fully justified in stating that Dartmouth College has not only pleased a large number of persons, but has also conferred an honor upon herself.

The State vs. The Doctor.

The State is a hard master to the doctor. She hedges him about with laws and regulations, so that his degree is obtained only after the most severe labors. But here his troubles just begin. He is immediately supposed to treat all known diseases with skill. Should he fail in this, the law allows a large verdict for malpractice. The State demands much and gives what? No prizes, no honored positions, no pensions. She even denies protection from mounte-

banks and other thieves. The doctor works hard, exposes himself to numerous perils, gives freely to the deserving and undeserving poor, and at last gives up the battle, leaving scarcely enough to keep want from those dependent upon him. The State does less for the doctor than for any other class of men. The physician is constantly keeping her subjects from becoming objects of charity, by restoring to health the diseased and thus giving them bread-winning power. Think of the large number of persons who would be in hospitals, asylums and poorhouses, had they not received gratuitous medical aid. Yet, how grateful for this is the State? With but few exceptions she even denies us that self-protection which is the first law of nature. Viewed in this light, simple justice demands that no legislation be denied which shall protect the interests of the educated physician.

Who Should Teach?

Not those who are mere phonographs, giving out only just those things which some person has given them. We have often thought that many teachers in our medical schools were living illustrations of reflex action. Instead of teaching some important branch of medicine they should be a clinic in the physiological laboratory. An idea from a book or from an old teacher strikes them and in due time is reflected upon the patient student without change of any kind. Teachers should be more than parrots. The surgeon should teach surgery as he does, not only because the best authorities so give the facts, but also because he knows of his own experience such are the facts. No man can teach antiseptic surgery who does not practice it. To teach the therapeutics of medicine requires that the teacher be ripe with experience and busy with daily visits at the bedside. Even the anatomist who does not dissect, cannot teach anatomy. In other words, for the good of the profession of the future, we insist that the medical professor be an independent thinker and experienced in the subject he teaches. If he be a good speaker so much the better; but, above all, he must be an authority in the branch he represents. How many of our medical colleges, so thickly dotted over the country, can boast of such a faculty?

A New Therapeutic Measure.

We acknowledge the receipt of an invitation to the wedding of our editorial friend, Dr. H. M. Whelpley of St. Louis. The *Medical Fortnightly* gives notice of the pleasant occasion under the heading, "Joined the Silenced Majority." We have studied over this title for a long time, and our mind wanders from deep sympathy for Dr. Lewis and his friend Dr. Whelpley, to feelings of joyous congratulations. The question is no longer, "Is marriage a failure?" but rather, "Does marriage silence the majority?" Thus we reason, why has Dr. Whelpley joined himself to a *silenced* majority? In these days of woman's advancement, does Dr. Lewis mean to have us understand that marriage will quiet a woman's tongue? Or, the opposite being true, is Dr. Whelpley to be so *silenced* that we will be instructed no more by his voice or pen? We trust the *Medical Fortnightly* will put itself aright before hundreds of its old bachelor friends who now tremble at the force of this new therapeutic measure! Not wishing the Doctor a "*placid* matrimonial sea," for fear he may get becalmed and never reach any point of interest, we invoke just enough "*breezes*" to waft him safely from port to port.

Cigarettes and Boys.

An exchange informs us that one cigarette firm sold in a single year four hundred and sixty-six millions of cigarettes, and over three hundred millions were sold during the past six months, or an average of two millions for each working day. We place such a side-heading to this note because the said tobacco firm urges the boys to save the slips, one of which is found in each package, until he has accumulated seventy of them, when, upon returning these to the company, he will receive an album filled with the pictures of beautiful women. We make two objections to this: First, it is offering an inducement to boys and young men to engage in a habit which is universally and almost unanimously condemned; and second, while many of the pictures are decent and above criticism, some of them cannot fail to awaken base thoughts and immoral suggestions. The medical profession should speak in no uncertain tones against the baneful effects of the cigarette on the young, sensitive and rapidly growing body.

A Question of Finance.

The subscription price of this journal is one dollar a year. The postage to city physicians is twelve cents a year, leaving a net profit of eighty-eight cents for each subscriber. We will not discuss this eighty-eight cents, but we would like the twelve cents that we may get square with the post office!

New Medical Journal.

The *American Therapist* comes to us as a new medical journal devoted to modern therapeutics, with practical suggestions relating to the clinical applications of drugs. It is edited by John Aulde, M. D., of Philadelphia, whose interesting work, entitled "The Pocket Pharmacy," we recently reviewed in these columns. The price of the journal is one dollar a year. Address the *American Therapist*, P. O. Box 1170, New York City.

Essayists for Medical Society.

The following is a list of members who will prepare essays to be read before the Medical Society during the coming session of '92-3:

October—Dr. B. G. Pool.
November—Dr. I. S. Stone.
December 7—Dr. Louis Mackall, Jr.
December 21—President's address.
January 11—Dr. Thomas C. Smith.
February—Dr. Charles H. Stowell.
March—Dr. J. H. Bryan.
April—Dr. H. D. Fry.
May—Dr. James Kerr.
June—Dr. E. A. Balloch.

THERAPEUTIC NOTES.

During this trying hot weather be cautious about too cold drinks. Direct patients, who suffer from the weakening and relaxing effects of excessive heat, to put a teaspoonful of McArthur's syrup of hypophosphites occasionally in a glass of cool water as a drink. It is a refreshing tonic and reconstructive.

The Strontium salts are now used in tænia with marked results. The usual care is given to the diet and the standard solution of

Stront. Lact. (Paraf-Javal)

prescribed. Two teaspoonfuls are given every morning for five days.

Speaking of the Strontium salts recalls to mind the necessity of prescribing either a recognized standard solution, or the chemically pure salts (Paraf-Javal), as the impure salts contain the poisonous barium. This especially applies to the bromide of strontium which is so rapidly displacing the bromide of potassium.

The formula for Wampole's Asparoline, so generally prescribed for dys-

menorrhœa, is now given to the profession. It consists of

Guiacum, 30 grains.
Asparagus, 30 grains.
Parsley Seed, 30 grains.
Black Haw (bark of root), 60 grains.
Henbane, 6 grains.

When the digestion of the food often causes pain and the exhibition of a most irritable disposition, why digest it? Think what a boon to the lover of the watermelon if he could indulge in it *ad libitum* and not *ad nauseam*. Mr. Parmele informs us that papoid will digest the starches, proteids and fats in an alkaline or acid medium.* In fact, it digests all kinds of food, and under all conditions. Therefore, adieu to the dyspeptic! Welcome to the watermelon!

One of the most frequently prescribed drugs at this season of the year is bismuth. But all preparations of bismuth are not necessarily alike. The testimony on this point, from some of the leading physicians of Philadelphia, is, that the bismuth made by Stevenson and Jester is not to be excelled in purity and excellence of preparation. One prominent feature is the ease with which it mixes with water.

To relieve the teethache of children, Dr. R. L. Dickinson of Brooklyn recommends phenacetin as a substitute for any opiate and as safer than antipyrine or acetanilid. The dose is three grains, at five years of age, repeated once in half an hour if required. How we long to be a child again, just to try this and to master those terrible aches!

Amond the recently introduced remedial agents, salophen, should receive careful attention. A number of clinical reports have been published, testifying to the value of this remedy in rheumatism and the neuralgias. It is not toxic and yet as effective as salol or salycilic acid. It is a salicylo-phenolic diuretive, apparently possessing the therapeutic virtues of both components.

Dr. C. C. Perry, of New York City contributes a letter to an exchange on the value of Bromo Soda as a powerful sedative, controlling the action of the pneumogastric nerve. The letter is addressed to Wm. R. Warner & Co., and the doctor "feels it incumbent to make known the therapeutic value of such a remedial agent." In the case of his daughter, who "suffered excruciating pain from headache accompanied with most debilitating nausea," upon whom remedy after remedy had been prescribed with negatrve results, the bromo soda gave smmediate relief, and, in a few weeks, effected a permanent cure.

THE PROGRESS OF MEDICINE.

*Cholera Infantum.** W. H. Hawkes, M. D.

I read with interest your editorial note, "Given to Exaggeration," in the July issue of the REVIEW. There are few, if any, conscientious practitioners, I fancy, who will disagree with you about the tendency, among some physicians, to exaggerate the number of cases of cholera infantum (so called) in their practice. With the appearance of the first frost look out for similar exaggerations about their cases of (so-called) diphtheria!

Too often this exaggeration is due to a willful perversion of knowledge. It is an easy way to gain unmerited reputation —and shekels! As you rightly say, "it is much more skillful to cure a case of cholera infantum with a dose of castor oil than to cure, with the same remedy, a simple diarrhœa!" Dr. L. Emmett Holt (in his excellent monograph on *The Diarrhœal Diseases* in Keating's "Cyclopædia of the Diseases of Children"), discussing the subject of *Acute*

* Original communication.

Dyspeptic Diarrhœa, says: "Such are the cases, in which the brilliant results of treatment are obtained, and often reported as cures of 'cholera infantum.'" On hearing of so many "brilliant results" of the treatment of so-called *cholera infantum*, one is in doubt about which to admire (?) the more, the overweening confidence of the fond parent, or the astounding "gall" of the "brilliant" practitioner.

But let us not be such pessimists as to imagine that all the exaggeraters are limited to *our* community, or that all the exaggeration is due to a willful perversion of knowledge. Much of it lies at the door of ignorance or carelessness. Dr. J. Lewis Smith, in his "Treatise on the Diseases of Infancy and Childhood," says: "Intestinal catarrh is one of the most common and fatal of infantile maladies. It is the great summer epidemic of the cities in this country. Unfortunately for a correct understanding of its prevalence and mortality in this city (New York), and perhaps elsewhere, it is very generally in the summer months, when obstinate, and especially when fatal, called cholera infantum, although, in its symptoms and nature it is very different from that disease. It usually has a mild beginning and is often protracted, while true cholera infantum begins abruptly, is characterized by violent symptoms and rapid and extreme exhaustion"; and again: "I have elsewhere stated, that, as regards at least this city (New York), the term cholera infantum has been so extended as to embrace a large part of the diarrhœal maladies affecting infants in the summer months. Some physicians apply it even to mild but protracted cases of ordinary non-inflammatory or inflammatory diarrhœa occurring in the season mentioned. I employ it, and it should, in my opinion, only be employed, to designate that form of infantile diarrhœa in which there are frequent watery stools, accompanied by vomiting, great elevation of temperature, and rapid and great emaciation"; and he adds: "The number of deaths from cholera infantum reported in our bills of mortality is so large, while the number from the same disease embraced in the death statistics of European cities is so small comparatively, that some have been led to believe that this malady is much more prevalent and fatal in this country than in Europe, whereas, were the terms employed in all places to designate precisely the same disease, probably no great difference would be found in the prevalence of cholera infantum on the two sides of the Atlantic." And Dr. Holt, in his monograph (already referred to), says: "The term (cholera infantum) should be restricted to cases of genuine choleriform diarrhœa. Much confusion has arisen from adopting this term as a generic one for all cases of summer diarrhœa."

True cholera infantum is a comparatively rare disease, having symptoms which characterize it from all other bowel troubles. It is so seldom met with in the country, that it might almost be called a disease of *cities*. As to its frequency you have overstated, rather than understated, the fact. Dr. Holt says of cases of cholera infantum: "They include in my experience not more than two or three per cent. of the cases of summer diarrhœa." And Dr. J. Lewis Smith states the case fully as strongly. "The 1500 fatal cases," he says, "of so-called cholera infantum, reported every summer in this city (New York), are, with now and then an exception, cases of inflammation (entero-colitis), generally protracted."

734 17th St., N. W., July 25, 1892.

Brain Capacity.*
Irving C. Rosse, M. D.

Changes in long prevalent belief, like the turning points in life, often hinge upon small matters of fact. It will doubtless convey a crumb of comfort to women suffragists to learn that the commonly accepted blunder regarding the inferior capacity of woman's brain and the superior capacity of man's now seems in a fair way to disappear. Persistence of this belief is the common error of regarding a fact by itself instead of taking it in connection with other facts. To be sure the brain in the great majority of men is larger and heavier, but the majority of males of the human species are taller, heavier and larger than the female; so

* Original communication.

if allowance be made for these variations, it will appear that the brain capacity of woman is, relatively, very little, if at all, inferior to that of man.

Another cerebral fact of significance, lately set forth at a meeting of the American Neurological Association in New York City, deals a serious blow at the so-called science of phrenology and the undeveloped science of criminal anthropology. The hemispheres of two brains placed side by side on a tray were passed around among the members. One brain was that of an intelligent lawyer, a man of education and an author, the other that of a full-blooded Congo negro, a representative of the lowest type of intelligence and ignorance. Yet out of half a hundred of the brightest neurologists in the country not one could distinguish by any appreciable anatomical peculiarity one brain from the other. As a matter of fact, however, the negro brain showed a difference in being the heavier of the two.

Washington, D. C., July 23d.

Operations in Pus Cases.

In *The Journal* for July 9th, Dr. I. S. Stone of this city, relates his operative experience in pus cases at the Columbia Hospital. During the past year, twenty-five such cases have been operated upon, in which pus was found, in varying amounts, in the pelvis or abdomen. Three of the cases proved fatal. These are especially mentioned and the immediate cause of death discussed. In all, Dr. Stone has had nearly fifty pelvic cases upon which he operated, with no increased mortality. In two-thirds of the twenty-five cases, the cause was directly traced to sepsis following abortion, or delivery at term, while a cause was easily found for the remaining cases. Pain is not a definite symptom. It is always present but never a positive indication of the extent of the disease. Neither is the temperature an indication of such extent, yet a continued high temperature means trouble ahead for both patient and operator. The doctor fails to see any benefit from fine distinctions in diagnosis. Is pus present, or is it not? Or, is an operation demanded or is it not? These are the questions.

Before operating the patient is given tonics, laxatives, etc. Quinine is administered at once and its effects on the temperature noted. Drainage is employed, the gauze drain giving great satisfaction. Hemorrhage is not difficult to control. In the after-treatment the patient is given stimulants and food by rectum at once, and by the mouth as soon as they can be borne. Patients must not be allowed to remain the usual twenty-four hours without food. In the treatment of nausea, lavage is used in every case. It is the best agent yet tried for this condition. Chemical antiseptics are not essential. They are useful only when the hands of an assistant must be suddenly cleansed and when no time can be given to their preparation and care. Clean, boiled water is used without any chemical whatever.

Symmetrical Corneal Ulcers.

In the *Maryland Medical Journal* for July 2d is an article by Dr. E. Oliver Belt of this city. Dr. Belt says that a corneal ulcer appearing during an attack of gonorrhœal ophthalmia is the rule, rather than the exception, in neglected cases. Yet in the case reported the first ulcer had healed, the discharge had ceased, and all congestion had subsided, when there suddenly appeared a deep, clean ulcer extending horizontally across each cornea. It appears to Dr. Belt that there is a general tendency to symmetrical disease, not only of the cornea, but of other portions of the eye. Under appropriate treatment the case made rapid progress to a complete recovery.

Acetate of Lead in Hemorrhage.

Dr. James Newell of Detroit recently read a most interesting paper before the medical association of that city, on the use of large doses of acetate of lead in hemorrhage. The value of the article lies, not in the employment of this drug in the treatment of hemorrhage, but in the large doses recommended. Dr. Newell claims that the drug exerts its hæmostatic action in a method independent of its well-known astringent quality, and that such action is through the influence of the nervous system. The rapidity with which it acts is difficult of explanation on the simple sup-

position of its astringent action on the tissues. Dr. Newell has, again and again, tested this drug in bleeding from the lungs, and he believes it will cause the arrest of the bleeding as surely as will opium or morphine produce sleep. His experience has been constantly and uniformly successful in pulmonary hemorrhage. One case is given in detail where the patient had been constantly bleeding for nearly a week and quite profusely bleeding for a number of hours. Over one quart of blood was in the vessel when the doctor arrived. The patient was in a very exsanguinated condition, nearly pulseless, and still spitting bright red blood by the mouthful. Nearly two drachms of the acetate of lead were dissolved in water, and the patient told to drink it. This he did, and in ten minutes the bleeding had almost ceased. In an hour, a drachm more of the salt was given, after which the hemorrhage ceased and did not return again, although the young man lived some months afterwards. In this case, ergot, ergotine hypodermically, gallic, tannic and sulphuric acids, turpentine, etc., had been tried with no effect. In severe and unusual cases of epistaxis, when the bleeding breaks out afresh after the removal of the tampons, the lead will be found of great service. A case is reported of this character; but one drachm of the acetate of lead completely arrested the hemorrhage in four hours, after many other drugs had been tried also. In post-partum hemorrhage its effects are prompt and decisive. Dr. Newell reports cases where a teaspoonful of the salt dissolved in water and given to the patient at a single dose, caused the hemorrhage to cease as if by magic. The doctor does not believe there is a more prompt or potent promoter of uterine muscular contraction than the acetate of lead. No fear need be entertained of any poisonous effects, if the crystallized form be used and if a full drachm be given at a dose. It is the amorphous or efflorescent form of the salt in which the poisonous carbonate is found. The paper extends over eight pages of the *Physician and Surgeon* for July.

Surgical Cure of Catarrh. In previous numbers of this journal we have approved remarks made by a few writers to the effect that the speedy and rational cure of the great majority of cases of hypertrophic nasal catarrh was of a surgical character. This idea is corroborated still further by a paper in the *Maryland Medical Journal* for July 9th, entitled a Review of the literature of Laryngology for the Year. The writer, Dr. S. K. Menick of Baltimore, in speaking of the advances made in rhinology says that the galvano-cautery, saw and cold wire snare are probably the most popular agents for the destruction of excess of tissue. The spraying and cleansing agents come in for their share of the work, but "the chief and rational treatment of catarrh of the nose, when chronic, is surgical." "The general practitioner does not fully appreciate the gravity of the host of ills which are caused by nasal stenosis." To the editor of the REVIEW, the atomizer is a good placebo, satisfying the patient, and giving him something to do until the cautery, knife, saw, or snare has begun the work and nature completed it.

Use of the Curette. Among the cases at a recent clinic of Dr. H. Marion Sims, at the New York polyclinic, was one of subinvolution. The woman had suffered much from pain in the back and head, profuse menstruation and a disagreeable ropy discharge. The trouble dated back to the birth of the last child three years before. Dr. Sims said there was but one form of treatment and that was the employment of a large, sharp curette. When properly used this instrument is perfectly safe, but when improperly used it may do great damage. Before operating, the vagina, vulva and labia should be thoroughly aseptic, as well as all instruments used, and especially those used in the uterine cavity. The patient should never be operated upon in an office and then allowed to return to her home. It should be done at the patient's house, or in a hospital. The operation should always be done with the patient under an anæsthetic, and

with the uterus thoroughly dilated. After operating, the parts are again cleansed, when the uterine cavity is packed with iodoform gauze. It is well to remember that in scraping with the curette over an unhealthy surface no sound is perceived, but as soon as healthy tissue is reached there is a rasping, grating sound. At the end of four weeks after treating a case of subinvolution in this manner, boroglycerite tampons, or plain glycerine, are applied, and the cure will be complete. The case is reported in the *International Journal of Surgery*.

Syphilis or Gonorrhœa.

In an editorial in the current number of the *International Journal of Surgery*, the question of syphilis and legislation is discussed. The editorial is based on a recent discussion upon syphilis at the New York Academy of Medicine. In this discussion Dr. Bulkley mentioned the case of a syphilitic woman who had contaminated three hundred (!) men. He thought legislation should be very plain and strong on this question, the same as now existed for small-pox, scarlet fever, etc. Dr. Keyes stated that he regarded gonorrhœa a more dangerous disease than syphilis: its contagion was worse, and it was more persistent. Gonorrhœa killed more people than syphilis, by stricture, cystitis and kidney disease, or by metritis and salpingitis. Dr. Sturgis also regarded the sequelæ of gonorrhœa as more dangerous than those of syphilis.

The Food We Eat.

Prof. W. O. Atwater of this city discusses the subject of food in the current number of the *Forum*. Professor Atwater believes we purchase needlessly expensive kinds of food. This is done under the false impression that our dignity or our welfare is above any such principles of economy. We consume relatively too much of the heat-producing foods, as the fats of meat and butter, the starchy foods, sugar and sweetmeats. Conversely, we use relatively too little of the flesh-forming substances, as the lean of meat, fish and the gluten of wheat; these make muscle and sinew, and form the basis of blood, bone and brain. It is probably also true that we eat needless quantities of food. One great error is in our cooking. A great deal of fuel is wasted in preparing our food and much of the food is very badly cooked. One of the economic demands of our times is a reform in our methods of cooking.

Insomnia and its Treatment.

The practitioner is often puzzled to know the cause and cure of a simple case of insomnia. The patient feels fairly well and apparently enjoys good health, but there is no sleep. Dr. A. D. Barr of Arkansas suggests some remedies in the St. Louis *Medical and Surgical Journal* for July. While mentioning the various hypnotics, as chloralamid, sulfonal, etc., he says that chloroform, applied to the forehead or back of the head, will often produce sleep that will last for several hours. The chloroform should be poured on a handkerchief and the cloth bound to the head. This is allowed to remain as long as the burning can be endured when it is moved to another part. It is entirely removed as soon as the desired symptoms are manifested. The writer claims that the action of the chloroform is twofold: by its counter irritant effect it depletes the brain; and enough is absorbed to depress it. The REVIEW fails to see any marked advantage in this method over the administering of such hypnotics as sulfonal, or chloralamid. In fact, it occurs to us the latter would be far preferable.

Chloride of Gold and Snakes.

Our readers are aware of the relation that exists between alcohol and snakes; a too free use of the former often causing the latter to appear in appalling numbers! Of late we have been told that by the use of some gold, love for the alcohol can be destroyed. That is, if the patient will inject into the Institute's pockets some gold coin, the physician in charge will henceforth proceed to inject some gold into said patient's arm. It is simply a question of gold. Inject gold into the arm, exit alcohol plus snakes. It is certainly a peculiar coincidence that this same gold is now presented as an antidote to the poison of genuine snakes. The report comes from Calmette, of the Bacterio-

logical Institute in Cochin, China, that as a result of a number of experiments on animals, it is possible to cure animals suffering from the effects of snake poison, by neutralizing the venom that has been absorbed by the blood, by subcutaneous injections of gold. Calmette believes these results are equally applicable to man and that the chloride of gold will neutralize the poison of all venomous snakes. Detailed directions are given in the *Arch. de Mid. Navale.*

Recovery after Craniotomy.

Referring to the case in the *Medical Brief* for June and reviewed in this journal in our last issue, page 76, a writer in the July number of the *Brief* says that craniotomy should not be resorted to until the fetal heart cannot be heard. It is possible an exception could be made to this rule, but very rarely. The doctor suggests that we consider more carefully the maxim of the English obstetrician, Blundell, "Neque temere, neque timide"—neither rash nor too timid.

Alcohol as a Food.

The editor of the *Brief* gives a concise editorial, in his July number on the effects of alcohol. To the fact that so many persons take some form of alcohol, coupled with the excesses to which it gives rise, are due the shattered nervous system and generally impaired vitality seen on all sides. He is convinced that alcohol does not supply the place of food in wasting diseases. Any good it may do is solely due to its action as a heart stimulant, and stomachic, while equally good results would be obtained from a combination of aromatic spirits of ammonia, with some aromatic bitters. The editorial closes thus: "Let us avoid all responsibility for the curse of the nation—drunkenness."

Alcohol and Insanity.

We are in receipt of the forty ninth Annual Report of the Mount Hope Retreat, at Baltimore, Md. During the year 1891 there were 216 males admitted to the asylum. In a table showing the alleged cause of insanity, 59 are given as "unknown." This leaves 157 cases of known origin. Of these 157, we find "alcoholic abuse" credited with 115, or a trifle over 73 per cent. Alcohol, then, stands credited with sending to this asylum over 73 per cent of its male residents!

Scirrhus of Pylorus.

A man fifty years of age was given up to die by several "allopathic" physicians. These had all diagnosed "scirrhus cancer of the pylorus in a very progressed stage." The treatment was the thirtieth attenuation of bryonia; a two-grain powder, dry, on the tongue, once every six hours. In one week the pain had all disappeared. In six weeks the patient was eating corned beef and cabbage. In four months, the tumor, which was originally as large as a duck's egg, had all disappeared; the weight had increased twenty pounds, and the patient was discharged cured. Thus reporteth a *similia* in an exchange. The question arises, in this connection, suppose the bryonia should be continued a week too long, after all this good had been accomplished, would the tumor return, acting under the law of similars?

Brains and Inches.

Mr. Philip Kent contributes a most interesting article to a late number of the *Gentleman's Magazine.* He starts out to prove that there is much truth in the old proverb that "the best goods are packed in the smallest bundles." He quotes Bacon, Fuller and Balzac's sayings on the relation of "over-developed inches and under-developed brains." Mr. Kent presents a long list of the names of men who have helped to make their time famous. In all callings and professions he shows the rule to hold good. Titus was one of the best and smallest of Roman Emperors. Frederick the Great was small of stature. Oliver Cromwell "towered over his generation," mentally, but was lacking in inches. Napoleon was but five feet one and three-quarters in his stockings. His great rival, the Duke of Wellington, was less than five feet eight. Nelson was but five feet four. Literary men have been proverbially deficient in physical inches, from all time. Bocchoris, one of the wisest and most able of Egyptian kings, was a dwarf. We

are told that Æsop was a misshapen hop-o'-my-thumb. Horace was a fat, little man, of whom the Emperor Augustus wrote, "though he lacked inches he lacked not paunch." Confucius, Milton, Dryden and Lord Macaulay were each short in stature. Mrs. Carlyle speaks of "poor little Dickens." Moore was but five feet. Pope measured but four feet six. Among the men devoted to art are the names of Michael Angelo, Turner, David Garrick, or "little Dave." Theologians furnish some striking illustrations. Calvin, Martin Luther, Melancthon and Erasmus were only of medium height. Among statesmen we find Thiers, of five feet three; Lord Russell, "a little man;" while Mr. Gladstone is but five feet eight. After reading the article in full we are inclined to offer our deep sympathy to all unfortunates who must be classed with the six-footers; but Mr. Kent comes to our relief, in a measure, by mentioning the fact that Scott was at least six feet in height. Therefore, there is hope for all.

Brilliant Precocious Children. Our readers will find a very interesting and instructive article in the *North American Review* for June last. A notice of the article was crowded out of our last issue, but its importance warrants us in calling attention to it at this time. Dr. Henry S. Williams, the superintendent of Randall's Island Hospital, contributes an article, dealing with those individuals known as "cranks." He calls their disease "paranoia"; its invariable symptom is "the presence of systematized delusions of persecution." The disease is usually the result of inherited mental unstability. The paranoiac temperament may be foreseen even in the child. Dr. Williams says such a child is morbidly sensitive and has great egotism. He then says: "Unfortunately the parents of such a child usually take pride in the egotism that leads to eccentric acts; while the extreme precocity of many of these subjects causes their egotism to be fostered by ill-judged praise. Usually the child of paranoiac temperament is the genius of the family and the show pupil at school. Pampered and praised, even though the entire household becomes subordinated to his will, he is not satisfied, believing that he does not receive his dues. With that idea, the germs of paranoia are planted in his mind, and, of course, the brilliant child is the one whose mental training will be forced. The other children may stay at home but this one must be sent to college and fitted for one of the learned professions. Often he is an 'honor' man at college, and he starts out into the world with every seeming prospect of an eminently prosperous career." Dr. Williams then describes how the young person may break down while still in college, although usually the critical time does not come until he has gone out into the world. Even then, a successful career and contact with the world may correct the morbid tendencies. But let reverses come, especially let the vanity be wounded, and the situation is changed. Selfishness and suspicion assert themselves, and the victim easily becomes dangerous. He is likely to devote his attention to some reform for revolutionizing society or the government. He is a man with a mission. He may be a fanatic, a socialist, or an anarchist, depending largely upon his native temperament. Spiritualism, faith cure, Christian science, theosophy, and any new fad, are his meat and drink. The article concludes by giving advice to parents and to all engaged in directing the minds of children. Whenever there comes under your care one of those eccentric, brilliant, precocious children whom you are prone to regard as a budding genius, learn to believe that you have probably to do with incipient paranoia instead, and govern yourself accordingly. By restraining the energies and checking the eccentricities of such a child, you may do something toward molding an aberrant mind back toward normality; by stimulating the energies and fostering the germs of "genius" you may help to prepare a victim for an asylum or a prison.

Influence of Habitual Posture. Twenty-two pages of the July number of the *Brooklyn Medical Journal* are devoted to an article by Dr. Eliza M. Mosher, on the influence of habitual pos-

ture on the symmetry and health of the body. Nine figures illustrate the principal points of the paper. It is a valuable contribution to education, from the standpoint of a practitioner of experience and scholarship. It is in the line also of our own conviction, often expressed, that the physician should occupy a much more prominent part in educational matters. Dr. Mosher we have known for many years, and can testify that she has had unusual opportunities, in her relations with several educational institutions and in her general practice, to observe variations from the normal symmetry of the body. Dr. Mosher gives those fundamental postures which the body assumes in standing, viz: 1. With both extremities evenly placed beneath the pelvis. 2. With one leg thrown forward, as in the attitude of walking. 3. With one leg thrown outward or in abduction. The first of these is not practicable as an habitual posture, because it does not admit of alternation in the use of the lower extremities. The second places the body in the most symmetrical attitude it can take, and, at the same time, permits the alternate use of its supports. It is a position not naturally chosen but one easily acquired by training. The third, which is the favorite posture of mankind, is harmful in its tendencies. Its adoption should be deprecated, especially so in our schools and stores. The discussions on the paper were unusually bright and interesting. Dr. Wight told of the harm that came to schoolgirls from carrying their books clasped in the left arm, and pressing almost directly on the left breast, causing its absorption to a greater or lesser extent. Also the deplorable deformities of the feet of our girls and women go by unnoticed. A more unhappy disaster could not befall the unfortunate than the deformation of the feet.

Educational Gymnastics.

In discussing Dr. Mosher's paper, Dr. Anderson said he had been teaching gymnastics for ten years. In the city of Brooklyn he had three thousand pupils a week, one-half of whom are schoolgirls. At least two pupils a week are brought to him for special training who are suffering from some spinal defect. It may be a lateral curve or a severe case of rotation. The defects can nearly always be traced to a bad standing or sitting position. A physician, not a layman, should oversee the physical education of our schools. The theory and practice of bodily training should be more thoroughly studied, and the physician should interest himself more in the work.

Cause of Deviation of Septum.

Dr. W. F. Dudley discussed the above paper by Dr. Mosher and reported upon some cases examined at Dr. Mosher's request. Dr. Dudley found in the pharynx that the pillars of the fauces were always drawn toward the side on which the weight of the body rested. In the nose the changes were obvious. The tip of the nose was turned toward the affected side quite markedly. Dr. Dudley then gives quite fully an explanation why such a condition, with one nasal cavity partly or completely closed, could produce a deviation of the septum. In fact, the conclusion is reached that incorrect methods of standing and sitting may give us a new and correct explanation of the ætiology of deviation of the septum narine.

The Uterus After Abortions.

Antiseptic surgery has made the treatment of cases of abortion more radical than would have been thought possible a few years ago. Dr. K. P. Moore of Macon, Ga., reports, in the July number of the *Virginia Medical Monthly*, that for some time he has followed an active plan of treatment in every case of abortion that he has been called to treat. The active treatment consists in curetting the uterus after the usual plan for that operation. Although not necessary, yet, as a rule, he uses an anæsthetic. The parts are made thoroughly aseptic; the cervical canal dilated if necessary; the entire uterine cavity thoroughly curetted; irrigated with warm sterilized salt water; and packed with iodoform gauze. The after-treatment is simple and such as usually fol-

lows a case of curetting. If the operation be skillfully performed the per cent. of recoveries will be 100.

Hemorrhage from Removing Tonsil.

From a report of the London Clinical Society we learn that following a case of tonsilotomy it became necessary to ligate the common carotid. At the time of the operation and for a few hours thereafter the patient lost about half a pint of blood. The bleeding continued for four days, and could not be checked by any local applications. The patient was so reduced that normal salt solution had to be introduced into the circulation before any operation could be performed. The common carotid was tied because of a very large pharyngeal artery. No bad results followed and the patient rapidly recovered. A careful examination of the excised area gave no evidence of the cause of the excessive bleeding. It appeared also that the operation of excision was skillfully done.

Recurrent Iritis.

Dr. Swan M. Burnett of this city has a brief article in the July number of the *Annals of Ophthalmology*, on recurrent iritis. The question always comes up, when treating this affection, "Shall I do an iridectomy?" This operation was all the fashion a few years ago, but if a vote were taken to-day among surgeons of experience and observation, the opinion would be overwhelmingly against operative interference. There are, of course, optical and physical reasons for excising a piece of the iris, but in regard to the purely antiphlogistic action of the iridectomy the profession seems to be getting more and more skeptical, except in these mysterious and incomprehensible conditions of the acute glaucomatous process.

Dr. Burnett gives the history of a case which shows most clearly that proper treatment and time will cure recurrent iritis, without operative interference. The "let alone policy" to which the doctor adhered so rigidly gave such a happy result that but one conclusion can be reached, viz., an operation is not necessary to a good ending of so protracted a disease.

Gynæcological Technique.

It is seldom one finds in any literature a minute description of the technique of an operation. Too much is taken for granted in this particular. This seems strange when we are informed that while two operators may, to all appearances, operate alike, yet their success may widely differ. The technique is now regarded as fully equal in importance to that of the operation itself. In the *Brooklyn Medical Journal* for July is an article of nearly ten pages in length on the technique of gynæcological operations. The author is Prof. Howard J. Kelly of the Johns Hopkins University. The article is illustrated with fourteen full-page, half-tone prints, direct reproductions from photographs. These give an idea of the technique of antiseptic surgery, to a very realistic degree, as the surgeon, assistants, patient, etc., all enter into the photographic reproductions. It is impossible to give any just review of such an article. We believe it is the most complete of its kind ever written and illustrated, and we suggest to our readers who are interested in this branch of study that they procure a copy of this number, at least.

Post-Partum Hemorrhage.

In the journal just quoted is a brief article by Dr. E. H. Grandin, obstetrical surgeon to the New York Maternity hospital, on the treatment of post-partum hemorrhage. This consists in emptying the uterus of all clots and then packing the cavity with gauze. The gauze tampon checks the hemorrhage *at once*, while its presence in the cavity of the uterus tends, in course of time, to excite vigorous uterine contractions. While this method may be employed by those most conversant with obstetrical practice, yet the value of the method is hardly recognized by the profession at large. The tampon is removed entirely or in part, in twenty-four or forty-eight hours. It is perfectly safe and a sure remedy.

Elixir of Life.

When Prof. Brown-Sequard made the remarkable announcement that by injecting into the system the sterilized

juice of the genital glands there was a wild excitement aroused by the newspapers and some slight symptoms of seriousness on the part of a few members of the profession. A doctor, here and there, desirous of coming to the front and not willing to pursue the old, rough roads to prominence, suddenly found himself surrounded by the halt, lame and decrepit, seeking after youth and a dose from the hypodermic. Only three years have passed, and to-day the method is either forgotten or looked upon with contempt. Yet, right in the face of all this comes the announcement that in a communication to the Academy of Medicine of the Society of Therapeutics, Paris, M. Paul reports his observations concerning the effects of the injection of a juice prepared from brain. The process is called "nervous transfusion," and simply differs from that of Brown-Sequard in employing "brain juice" in place of "testicle juice." M. Paul reports five cases of neurasthenia cured; one case of tabes with neurasthenia cured; one case of locomotor ataxia cured and two other cases greatly improved. We are often inclined to laugh too soon.

Pin Sensations in the Throat.

In a late number of the New York *Medical Journal* is an article by Dr. Dunn of Richmond, relating five cases of the pin sensation in the throat. In one case the doctor removed a portion of a tonsil; later, he passed a horse-hair probang into the œsophagus; and still later, removed the hypertrophied anterior end of a middle turbinated. At last, immediate and permanent relief was afforded by cauterizing a small reddened area just behind the posterior pillar at a level of the lower end of the tonsil. As a result of a study and cure of these five cases, Dr. Dunn concludes that the pin sensation in the throat is not altogether imaginary, but has a definite cause. The cause is usually either an acutely inflamed "granulation," or an hypertrophy in the lymph chain behind the posterior pillars of the fauces of the side upon which the sensation is felt. Thus we are enabled to state accurately to our patients the cause of their trouble, and, better still, remove it at once.

Letters to a Young Physician.

My Dear Doctor:—Two or three things occurred while I was in your office a few days ago that annoyed me exceedingly. One of your patients placed his hand on your shoulder and said, "Now, Doc," and you appeared pleased with the familiarity. I would never submit for one moment to be called "doc." You lower your professional dignity greatly in allowing such an offensive term to be used. Demand your proper title at all times, and, too, give to others what you require of them. I may be wrong in my interpretation of another occurrence, but I venture to predict that the invitation you accepted to accompany this party on their pleasure ride will cost you in the end a good round fee. You told me that twice before you had accepted such an invitation from the same party, and that you had "a jolly good time." To be sure, the doctor should ever wear a cheerful mien and bring sunshine to his patients, but you gave the secret to my objection when you said you were just going to send a bill to the one who invited you to the pleasure ride. Now you were embarrassed and did not see how you could do it. It is a difficult and delicate thing to present a professional bill to an intimate friend or to one who has placed us under some obligation. Of course, you can carry my advice too far, but, generally speaking, I insist that levity and familiarity will weaken faith in your professional ability and work against your business interests. Then, again, I was surprised to see you, during office hours, in your shirt sleeves and even without a collar. The white handkerchief about the neck was an apology, but there was none for your appearing without a coat. Of course it was oppressively hot, 94°, but it was "office hours" also. Patients regard their physician apart and distinct from themselves, as a little more than an ordinary person. Cultivate, rather than neglect, this impression. Such cultivation will not only develop personal dignity, but will also enable you to reap a financial harvest.

Very sincerely yours,

The Review.

THE
NATIONAL MEDICAL REVIEW.

VOL. I. WASHINGTON, SEPTEMBER, 1892. No. 7.

THE EDITOR'S TABLE.

The Cholera Invasion.

The profession is so well informed on all public questions, by the daily press, that we are unable to give much, if any, information on the question of the approach of cholera. It may be truly said, however, that the situation is a critical one, demanding the most careful and earnest attention of those more directly in charge of sanitary matters. Dr. L. W. Austin, surgeon of the Hospital Marine Service, assures us that the Government authorities are fully awake to the threatened danger and are active in preparing to ward it off. The most stringent measures have been adopted to prevent the introduction of cholera through imported rags; the baggage of all immigrants from cholera-infected districts is disinfected, and, whenever indicated, quarantine is rigidly enforced. Dr. Austin says that the sanitary arrangements of our Government cannot be excelled by those of any other country. Therefore, if it is a possible thing to keep the cholera from our shores, we, as a people, can accomplish it, if any nation can. Dr. Austin regards the clothing, food, and water supply as the principal sources of conveying the infection. It is not conveyed through the air as so many assert. If this were true it would be of little use to employ means for disinfection, quarantine, etc. Much depends upon the sanitary condition of a city as regards the severity of the epidemic. If a city be clean and its people well fed, the cholera germs will find poor soil for their growth. Bad public and private sanitary arrangements insure them good food. Another prevention is a healthy condition of the mucous membrane of the alimentary canal. This must be true, because all who are exposed to the disease do not have it. The death rate thus far is exceptionally high, being nearly fifty per cent. Washington, however, is probably as favorably situated to escape an epidemic as any city of its size in this country. Our streets are wide and remarkably clean. Our parks are numerous and large, sunlight abounds everywhere, and but little is dark and unseen. The command to "clean up the city" has been well obeyed, and we are a well-fed people. However, an immense responsibility rests upon our Health Department, and we trust ample provisions will be made to promptly meet an emergency should it arise.

The Case of Alice Mitchell.

This case has finally been settled, for the present at least, by the verdict of the jury that the defendant "at present is insane and her confinement necessary to the public safety." As our readers probably know, Miss Mitchell was not tried for the murder of her friend, Freda

Ward, but upon the question whether she was of sufficient sound mind to instruct her attorneys in the defense of her case. The jury has declared that at the time of the trial she was insane. If she ever recovers she can be placed on trial for murder; but it stands to reason that if the defendant was insane at the time of her trial she was surely so when she committed the horrible deed. We are informed that the jury was an unusually intelligent one, composed of the leading business men of the city. A writer in the *Medical Fortnightly* says that the grounds on which insanity was established were these: 1. Puerperal insanity of the mother, before and at the birth of Alice (she was several months in an asylum), and insanity of uncles. 2. Her boyish tendencies in girlhood, indifference to young men's company, and general peculiarities, headaches, etc.; her lack of mental development, seeming five years younger than her true age. 3. Her intense and peculiar affection for Freda Ward, and her earnestness in the irrational idea that she could marry Freda. 4. Her murder of Freda, its cause and manner. 5. Her words and manner when speaking of Freda and of the murder. Dr. Holder of Memphis, Tenn., says the defendant was her own best witness, the jury plainly seeing the evidences of insanity. In commenting on this case, the *Medical Record* gives an editorial in its issue of August 13th, under "Murder and Sexual Perversions." The editor says that while, technically speaking, the girl was best considered insane, "but we cannot avoid believing that if this alleged lunatic had been treated for worms, leucorrhœa, constipation, or some other of the frequent mechanical excitants of unhealthy sexual desire, or if she had been taken in hand early by those in authority, and received a course of bread and water, and perhaps some strong corporeal applications, she would not have become a Lesbian lover or a murderess." This is, however, rather like locking the barn after the horses are stolen. It is an open question, if Miss Mitchell inherited a tendency to mental trouble, whether "bread and water," and even "corporeal applications," would smother or arouse the sleeping hereditary affliction. Glad, we are, that competent parties have declared the deed that of an insane rather than of a depraved mind.

Science and War.

Such vast improvements have been made in the manufacture of fire-arms during the past twenty years that we naturally conclude the number of victims in future wars will greatly increase. But a French writer has recently given figures and facts, translated in *Public Opinion*, to show that while future wars will be exceedingly bloody, the loss of life will not be so great as it has been in the past. Not counting the better care the soldiers receive, this result is due to the perfection of the arms, which are becoming less and less dangerous. At present the balls penetrate into the body intact, and in such a state of neatness that the surrounding parts are practically uninjured, thus rendering less difficult the healing of the wounds. Now add to this, antiseptic surgery, modern surgical instruments, hygienic laws, promptness of medical care, sanitary service, etc., and we have the reasons for the diminution of fatalities. The writer also mentions the work of the Red Cross as an organization of immense benefit to the wounded. In a series of tables he shows that the relative number of killed in battle and of those dying after, diminish from the close of the eighteenth century.

The Keeley Cure Again.

The Society for the Study of Inebriety of England has been paying its respects to the Keeley cure. The chloride of gold mixture was analyzed by a competent chemist, who reported to the society that he found the following: Water, 61.31 per cent; sugar, 6 per cent; a small quantity of mineral salts; and 27.55 per cent of pure alcohol. Not a trace of gold nor any of the chlorides was found. Dr. Usher, an Australian physician, described to the society his visit to Dwight. Each patient had five drops of a pinkish solution—atropine—injected in the left arm. Seventy per cent of the patients wore glasses and suffered from giddiness. Many of the patients could not see three or four days after the treatment and some were blind for weeks. Nearly every patient appeared to be under the influence of some drug—probably atropine. After listening to the report of the analyst and the interesting description of Dr. Usher, the society passed the following resolution: "That this meeting of the Society for the Study of Inebriety (of which the members are registered British medical practitioners) is of opinion that any so-called 'cures' for inebriety, the composition of which is not disclosed, are unfit to be commended by honorable members of the medical profession, who are bound to place the full details of their treatment before their professional colleagues—a requirement as essential in the interest of the public as it is consonant with the disinterested practice of scientific therapeutics.

"That this meeting, having been informed by a competent London analyst, who has made a special analysis, that the alleged 'bichloride of gold cure' shows no trace of gold or of chlorides, and contains 27.55 per cent of alcohol, condemns unreservedly the prescription of such an intoxicating preparation toan inebriate."

Liquefying Gases.

According to a report in the public press, Professor Dewar of London has lately produced liquid oxygen "literally by pints." The experiment was performed in his lecture-room, in the presence of a large body of students. He stated that oxygen liquefies at about 250 degrees below zero, and air at 343 degrees. "If the earth were reduced to a temperature of 350 degrees below zero, it would be covered with a sea of liquid air thirty-five feet deep." Professor Dewar liquefies oxygen and nitrogen with a hundred pounds of liquid ethylene and fifty pounds of nitrous oxide, with the aid of two air pumps and two compressors driven by steam. To pass liquid air about a room in glasses must be a startling experience.

Fish as Brain Food.

It is one of the most common experiences to be asked if fish is not especially good for brain workers. There is a common belief that it supplies some material most essential to brain activity. The student of chemistry and physiology has long known how false were such beliefs. It is very gratifying, therefore, to find that such an eminent authority as Prof. W. O. Atwater of this city has concluded the most thorough investigation of the whole subject of the value of fish as a food. He shows the fallacy of the widespread notion that fish is particularly valuable for brain food, because of "the large proportions of phosphorus it contains," when the truth is the percentage of phosphorus in fish is not larger than is found in the flesh of other animals used for food. Granting, however, that fish is much richer in phosphorus, it does not follow that it is better for brain food. Professor Atwater says, in this last report from the United States Fish Commissioner, that "there is no experimental evidence to warrant the assumption that

fish is more valuable than meats or other food material for nourishment for the brain."

Specialists.

For many years we have never advised the young graduate to branch out into some special line of work. In fact, our advice has ever been to the contrary. First, obtain a general knowledge of the profession; enter into the work of the general practitioner for years before attempting to give exclusive attention to one branch of medicine. Holding these views, we are pleased with Professor Osler's recent address at Boston. He condemns severely the ready-made variety of specialists. He says they are "an actual detriment to the profession." "How infrequently are we consulted by sucklings in our ranks as to the most likely branch in which to succeed, or a student, with the brazen assurance that only ignorance can give, announces that he intends to be a gynæcologist or an oculist! No more dangerous members of our profession exist than those born in it, so to speak, as specialists." Dr. Osler would have every medical graduate a thorough all-round physician and surgeon, with years of experience and study, before he considered himself competent to make a choice as to what special line of work best suited his tastes and skill.

Common Sense vs. The Drug Store.

In these days, when nearly every article mentioned in the materia medica can be procured in the form of tablet triturates, it is surprising that not one of the pharmaceutical chemists has put forth a placebo, or common sense tablet. Looking over the list we find the most deadly poisons thus prepared. There is a good supply of the "drug store" in tablet form; but, if we may be allowed to so state the case in exaggeration, there is an absence of the "common sense" triturate. The physician of limited experience will do more good with his prescriptions for the "c. s." triturate than with a full supply of trinitin, aconitin, atropin, digitalin, etc. As a rule, the older the physician grows the less medicine he prescribes. To all physicians, and to young physicians especially, there arise many occasions when the only and the best thing to do is to wait. To give no medicine is a gross exhibition of ignorance in the eyes of the patient and the observing friends. At such times the "c. s." triturate, taken frequently and regularly, will have a wonderfully soothing effect.

Too Much Medicine Given.

If our ideas of the true value of drugs be those generally accepted by the profession, then the "c. s." tablet would have a most extensive sale. This statement does not in the least lower the usefulness of the physician nor lessen his power for good. How many cases occur in the daily experience of every busy practitioner when he is called to prescribe for some ailment which he knows nature will relieve in a few hours, nine times out of ten? He best shows his skill as a physician by waiting for these hours to pass, watching, in the meantime, for the least untoward symptom. As our knowledge of physiology, pathology and therapeutics advances so it becomes more clear that we can prescribe our drugs with greater directness and positiveness. Contrast the quantity of medicine now given in pneumonia and typhoid fever with that given twenty or thirty years ago! A physician is not paid in proportion to the amount of drugs he prescribes, although some appear to think differently, judging from the number of prescriptions they write. There are very few drugs that relieve pain; very few that check hemorrhage;

very few that directly affect the heart; very few that reach the lungs; and very few, even, that act on the liver.

Intelligent Prescribing.

These remarks are written as a protest to what may be called the "shot-gun" system of prescribing. If the gun spreads well and if the load of shot be large, it is possible the object may be reached. But the modern science of medicine teaches that the "rifle" system meets all demands and is all-sufficient. One shot, well aimed, should strike the bull's-eye and win the prize. If there be no power in drugs we are, of all men, most criminal. There is good, immense good, in medicine. But there should be known "a reason" why each drug is prescribed. To write an intelligent prescription requires great ability.

The Obstetrical Manikin.

During the past month we have received a number of announcements of medical colleges for 1892–3. We glance hurriedly over their pages to notice the new requirements to enter, and the increased difficulties to secure the coveted degree. With feelings of reverence, mingled with curiosity, we look to see if the old obstetrical manikin is still on duty. Yes, here it is. How well we all remember that manikin! The young graduate sees it in his midnight reveries. It has given him his perfect knowledge of the "mechanism of labor," and has made him familiar with all the positions of the child. He has studied that manikin, and by the kindness of his teacher, has even handled it. He leaves college fully prepared to meet all the emergencies of the obstetrician, and feels already prepared to take up this branch as his specialty. Poor fellow! When he is called to his first genuine case of labor he finds it most rare and unique. To save his country, he cannot tell whether it is a shoulder or a foot presentation. The question arises, shall he turn to deliver, or turn to run for his old preceptor? The obstetrical manikin may have its place, but it must be more and more in the background. Under the present arrangement of things, with medical colleges in villages and small cities, the student cannot be taught the practice of obstetrics at the bedside. Nevertheless, such should be the case. Many of our colleges give extended courses in bacteriology, chemical analysis, pathological histology, etc., all well enough. But the student graduates from these schools without any practical knowledge whatever of the science and art of obstetrics. It is a wrong which cannot be too quickly rectified.

How Should Medical Students be Taught?

By the time the next issue of this journal appears thousands of young men and women will be enrolled as medical students. The question arises at once, How shall they be taught? Ever since medical colleges have been in existence the same unvarying method has been employed. The science of teaching in our public schools has undergone a most radical change, while "pedagogy" is one of the regular chairs in our universities. But the methods of the medical teacher are unchanged and apparently unchangeable. There should be, however, a very general change from the present system of instruction. It is faulty in many respects and scarcely a good reason can be given for its continuance. In the first place, the majority of the lecturers are uninteresting in style and not endowed with the gift of clearly imparting their knowledge. A glance at the class of listless listeners will alone prove the force of this statement. Again, why repeat the same lectures to the same class of students the second

year? Is there a literary school in the country that gives its sophomores the identical work it gave them as freshmen? Then again, as a rule, will a man remember the ideas presented by a public lecturer the better by listening to his flow of words for an hour; or by taking that same lecture as delivered and studying it quietly at his home for an hour? Such a change might deprive some teacher of his anticipated vociferous greeting by his enthusiastic admirers, but the greetings would be much more weighty if they came from these same students after years of active practice.

The medical student should have at least three—preferably four—years of eight or nine months each in which to attend the medical school. He should not be obliged to listen to the same story twice told. He should be given far more text-book work. He should listen to less than half the number of lectures now on the curriculum. He should have vastly more laboratory and clinical work. He should be quizzed and quizzed. He should be repeatedly "examined" throughout his course. And he should not be given a diploma until his teachers are unquestionably convinced he is thoroughly qualified to undertake the immense and solemn responsibilities of his calling.

At the Expense of the Public.

Under the present system of medical education the medical student gets his clinical instruction at the expense of the public. He knows what his professor has said, but scarcely nothing what some other professor has said. With only himself for an instructor he tries to apply some of his theories, only too often to find that his patient has an affliction "not recorded in the books." A few colleges are exempt from these criticisms, but only a few. At least one year, after so-called graduation, should be given entirely to clinical work before a "license to practice" be granted.

Pleasant Purgatives.

If any of our readers dislike taking a pill for fear of some twinges of pain that may accompany the process, we advise them to commit to memory the following quotation. The editor of the *Medical Mirror*, Dr. I. N. Love, in speaking of Warner's Cascara Cathartic pills, says: "The small size and attractive sugar coating and pink tinting make these pretty peristaltic persuaders the pink of perfection."

Lo! Dr. Love lauds little lumps! Like liver looseners, liquefying lodgments; lubricating longitudinal linings; loudly liberating loosened legumens!

A New Disease!

In these days of bacteriological research we must always be prepared for the most astonishing things. For instance, when we read of the great variety of germs found on an old dollar bill we almost fear to touch one should it ever chance to come within our reach. But it remains for a publishing house of a neighboring city to give to the profession the latest novelty in the form of disease. Printed in bold type on the wrapper, covering a most interesting book, we read: "If this book should *miscarry*," * *. Oh! If it should! And right among such a promiscuous crowd as is usually congregated in a United States mail bag!

Profits of a Medical Journal.

It would appear at first sight that if any medical journal could be made a paying enterprise the *Journal of the American Medical Association* would be the first on the list. Yet the Treasurer's report does not indicate a very flattering degree of financial success, to say the least.

The report shows a balance on hand of $2,045 as against $9,427.21 the year before. In other words, the expenses of the past year have exceeded the income by over $7,000. There is a very poor showing of the number of subscriptions paid, only 2,700 having settled their annual dues.

A Wise Editor!

We commend the editor of the Buffalo *Medical and Surgical Journal* to our readers as a man of great truthfulness and sound judgment! Here is the proof for the statement: "The National Medical Review has lately come to our table, and is a handsome periodical, issued monthly at the subscription price of one dollar a year. Dr. Charles H. Stowell, of Washington, D. C., is the editor, and it may be expected, from his knowledge and experience as an editor and publisher, that he will make the Review an established success. For a long time Washington has been without a medical periodical, which seems very strange in a city where learning, letters and libraries are concentrated in a remarkable degree. Dr. Stowell prepares all the articles and paragraphs of his journal himself, selecting from all sources such topics as seem to merit publication, and then presents their substance in abstract. We bespeak a large measure of success for Dr. Stowell in his enterprise."

A Doubtful Compliment.

The Cincinnati *Medical Journal* says that the Review presents "a very creditable appearance"; that our journal "shows careful and discreet editing; contains many good things," etc.; all of which is as the water-brook to the panting hart. But "our esteemed contemporary" could not cease just at this part of the story; so it imparts to its readers the shocking information that "advertisements are run in under editorial matter." The simple fact is, we have as advertisers nearly every well-known house in this country. Therefore, it becomes quite impossible for us to mention any drug, new or old, without indirectly referring, at least, to one of our advertising pages. The Cincinnati *Journal* carries twenty-seven pages of advertising. Of these, less than three pages refer to drugs which the physician might prescribe. We also carry the same number of advertising pages, yet twenty-one of these relate to remedies which are very generally prescribed. Is the reason why so few well-known manufacturing houses are seen in the advertising department of the Cincinnati *Journal*, because it has a rule that no reference must ever be made to anything which it advertises? Thanks for the kind words said of us, but we shall be obliged to continue to inform our readers on all new drugs, and new uses of old drugs, whether advertised in our columns or not.

Frankness in Speech.

There recently appeared in an Irish daily, so we quote from the *Press*, the following advertisement: "Wanted—A gentleman to undertake the sale of a patent medicine; the advertiser guarantees it will be profitable to the undertaker." Commenting on this, an exchange gives the following, as written by the editor of a local paper: "We regret to have to announce the death of Mr. So-and-So, but are not astonished to hear of the sad event, as deceased had been attended for some time by Dr. Blank." "Never mind," said Sir Wm. Gull to a physician who had called him as a consultant, "if you had discovered the true disease you might have treated it."

THE PROGRESS OF MEDICINE.

Papoid in Intestinal Disorders.

Dr. Frank Woodbury, professor of clinical medicine in the Medico-Chirurgical College of Philadelphia, contributes an interesting article to the New York *Medical Journal* on "the digestive ferment of the carica papaya in gastro-intestinal disorders." Dr. Woodbury says that the action of papoid as a digestive agent has been thoroughly established. It acts upon albuminoids, converting them ultimately into peptones. It converts starch with great promptness, the ultimate product being maltose. It emulsifies fats. It has a direct tonic action upon the stomach, stimulating the secretion of the gastric juice. It is distinctly antiseptic in its action, preventing abnormal fermenta tive processes in the stomach and intes tines. It acts at all temperatures, and in either an acid, alkaline or neutral solution. It is freely soluble and is most active when in concentrated form. It has no action on living tissues and is positively innocuous when swallowed in any quantity likely to be administered. Dr. Woodbury placed portions of bread, meat, potatoes, peas, mince-pie, "and other substantials," in a large test-tube and added some papoid and bicarbonate of sodium, with a small amount of water. "The meat rapidly softened, and the other ingredients gradually disintegrated, forming a pultaceous mass." The article concludes with a list of disorders of the digestive organs in which papoid is indicated. A full-page colored lithograph illustrates the test-tube experiment.

The True Test of the Physician.

The annual oration delivered before the thirty-ninth meeting of the North Carolina Medical Society was given by Dr. J. W. Long. In giving an analysis of character—the true test of the physician—he says there are some things every true physician does not do: First, he does not advertise. He will not allow his friends to give him a puff in the newspaper, neither will he tell of his coming and going through the secular press. He does not tell about the enormous practice he has; the amount of money he is making, or the length of time he has gone without food or sleep. All such talk is but advertising, and of the poorest and cheapest variety. Second, no true physician ever indorses quacks or quack medicines. Only two ingredients are necessary for a patent medicine, a few bitter herbs and a heap of mean whiskey; and the only conditions necessary to sell it are, a fraud for a vender and a fool for a buyer. Third, the true physician has high regard for the truth. He will not call a slightly congested lung impending pneumonia, and assure the friends that he was called just in time to save the patient's life. He is not always "breaking up fever," and thus "preventing a long run of typhoid." Doctors who are always magnifying small operations and simple examinations, and whose praise is ever in the mouth of all the wise old women in the neighborhood, are fit subjects for the penitentiary. "I say *pulverize* such fellows." Fourth, the true physician never unjustly criticises his brother physicians. Among the positive traits of the true physician are these: 1. Decision of character—the power to decide. 2. The courage of his convictions. 3. Applicating energy of purpose. 4. A full, rounded Christian character, a moral purpose, a controlling moral conviction. The address occupies fourteen pages of the *Maryland Medical Journal* for August 6th.

Ectopia Testis.

Not many years ago we were very much interested in an article written by Professor Proctor, on The Law of Chance. But Professor Proctor even was not prepared for such a chance as related in the *Medical Record* of August 6th, by Dr. E. A. Balloch, instructor in Minor Surgery, Howard University, of this city. Dr. Balloch reports the case of a man, forty-seven years of age, who was suffering from non-descent of the testicles into the scrotum. One testicle had become so inflamed it was removed about three

years ago. Now the remaining organ was extremely painful and the patient was unable to attend to his regular work. Dr. N. F. Graham, assisted by Drs. Leech and Balloch, removed the remaining testicle. Recovery was rapid and complete. The "chance" part of this report comes in, when it is known that about three years ago the patient's wife had undergone an operation for removal of both ovaries and Fallopian tubes. Dr. Balloch well remarks, "From a Malthusian standpoint Mr. S—— and wife may now be said to constitute an ideally perfect couple."

Relation of Aural and Nasal Affections. Dr. Swinburne, who is surgeon to the Harlem eye, ear, and throat infirmary, of New York, reports 1,000 cases of otitis media with their accompanying nasal affections. In these 1,000 cases there were pathological conditions of the nasal and pharyngeal membrane to account for the aural trouble in ninety-five per cent. Of these, seventy-seven per cent were caused by the various forms of rhinitis. This being the case it follows that every aurist should be a rhinologist as well, and that a thorough knowledge of rhinology is essential for the successful treatment of ear troubles. The report is found in the *Medical Record* for August 6th.

Position in Parturition. In a brief article in the New York *Medical Journal* for August 6th, Dr. J. L. Porteous mentions a few of the postures which have obtained favor at various times and in various countries, and concludes by recommending the one universally adopted by him. This is the side or lateral recumbent position. It has been popular in Great Britain for over 200 years and still maintains its popularity. It is the best position for digital examination in all stages, and is most grateful to the modest primipara. The risk of perineal laceration is lessened, as there is no stretching of the soft parts. The physician has more freedom of action, as neither the bed nor any part of the patient impedes him. In instrumental and version cases, by laying the patient transversely across the bed, with the thighs flexed on the abdomen, the physician can use one or both hands, without the necessity of having the limbs held apart, or the slightest exposure made. By trying the left lateral recumbent position, the percentage of perineal lacerations will be much reduced.

Every-day Therapeutics. Dr. J. F. Barbour, Professor of Practice in the Louisville Hospital College, relates to the readers of the August number of *New Remedies* some of his experiences in every-day therapeutics. In the treatment of chronic rheumatism he orders twenty drops of the muriated tincture of iron, well diluted, before meals. One hour after meals the patient takes a tablespoonful of cod-liver oil. At mealtime he takes one ounce of lime-water in milk. In the meantime the affected joints are alternately douched with hot and cold water. In over fifty cases thus treated, there has been very perceptible improvement, and, in many cases, a cure. In chronic digestive disorders of women, the cause often is slowed abdominal circulation. This, in turn, is due to the entire absence of abdominal breathing in women. Sitz baths, abdominal massage, exercise of the abdominal muscles, and the use of Carlsbad water, cause all the dyspeptic symptoms to clear up in a surprising manner.

The Phenate of Cocaine. This preparation of cocaine must be a great improvement over the muriate, if all accounts of it be true. Phenic acid presents certain analogies with cocaine; therefore we would expect that a combination of the two would have therapeutic properties superior to those of the muriate of cocaine. A Bavarian physician, Dr. von Oefele, has been using such a combination for some time and his reports are most satisfactory. Among the advantages of the phenate over the muriate are the two following: The phenic salt has a much more persistent analgesic action, and its chances of producing toxic effects are much less. These advantages are explained by the fact that the phenic salt is almost entirely insoluble in water. Employed as a local application, it is absorbed but little, if at all; hence the absence of intoxication and the persistence of the analgesic action, the latter lasting as long as

thirty-six hours. For local application it is used dissolved in alcohol or in alcoholized sulphuric ether. The drug may be procured from McKesson & Robbins.

Bichromate Potassium, an Expectorant.

Dr. Joseph H. Hunt of New York contributes an article to the August Brooklyn *Medical Journal* on the bichromate of potassium as an expectorant. Notwithstanding the fact that we are inclined to look upon this drug for its chemical properties, or as an escharotic, yet it has a most decided therapeutic action. Dr. Hunt confines his use of the drug to catarrhal conditions of the respiratory mucous tract. It is practically tasteless and much more efficacious than the nauseous chloride of ammonium. Dr. Hunt keeps the salt on hand in the form of a triturition of one part bichromate with nine parts sugar of milk. This is dissolved in water at the bedside. Of late this triturate has been put up in tablet form, each tablet containing one-fiftieth grain, which is a minimum dose for a child one year old. It is incompatible with milk; therefore, it must not be given at the time the milk is taken. Dr. Hunt is accustomed to give the bichromate in one-twentieth-grain doses to a child one year old, at first at frequent intervals, when the symptoms are distressing or the breathing very rapid. A dose is given every fifteen to thirty minutes until the symptoms are ameliorated, then the time is lengthened to one hour intervals. If the drug acts as an emetic, the dose is diminished but not the frequency of its administration. Drysdale says not more than one-fourth grain should be given per day, but Dr. Hunt has exceeded this amount without bad effects.

Test for Sugar in Urine.

Dr. George Johnson in a late number of the *British Medical Journal* again refers to his method of detecting sugar in the urine. The author states that no sugar is ever present in normal urine; and that Fehling's solution will occasionally give the yellow color to urine which contains no sugar. Dr. Johnson's method is as follows: One drachm of a saturated solution of picric acid, one drachm of the urine, and half a drachm of liquor potassæ are boiled. If sugar be present a claret color is produced. The presence of albumen does not interfere with the test.

Odorless Iodoform.

In a late number of the *Medical Record* is an article on some of the newer drugs used in dermatological practice. Several of these drugs, as pyrozone, aristol, europhen, pyoktanin, etc., are discussed. The author then asks why is such an effort made to find a substitute for iodoform, since the odor is its chief objection and this is subject to correction. Heliotropin is the name of the new drug which gives an odor to iodoform that will last as long as the odor of the iodoform itself. It is made by Schimmel & Company, of Leipsic, and can be procured from the New York druggists, Tsheppe and Schur. With its odor disguised it will be a long time before any drug will supplant it.

Expulsion of a Large Gall Stone.

Our readers may recall a note under this head in the June number of the REVIEW. The gall stones there described were one and one-fourth inches in diameter, and about the same length. In the *Maryland Medical Journal* for August 13th, Dr. P. C. Williams of Baltimore reports a case where a single gall stone was passed which measured one and five-eighths inches long, with a diameter of one and one-eighth inches. The stone was a smooth cylinder, both ends of the cylinder being smooth and spherical. Dr. Williams attributes the successful passage of the stone to the effects of large doses of chloral and senna. An enema of thirty grains of chloral and two drachms of fluid extract of senna was given every two hours. Profound sleep followed these enemata, and at the end of thirty-six hours the patient was relieved of her trouble. In this case, however, the gall stone was felt in the ileo-cæcal region as a well-defined oval tumor, apparently about two inches in diameter.

Chloroform in Parturition.

Fordyce Barker says, in his writings: "I may say here that I have long regarded chloroform as the best and safest anæsthetic in obstetrics, and that since 1850 I have used no other." The dan-

gers from chloroform in this department are due more to faulty administration than to any toxic effect inherent in it. In the Buffalo *Medical and Surgical Journal* for August, Dr. T. R. Barker, Demonstrator of Obstetrics in the Medico-Chirurgical College of Philadelphia, says, that four cardinal points must be borne in mind when giving this anæsthetic: (1) plenty of pure atmospheric air; (2) liberation of a small amount of vapor at a time; (3) attention to the respiration; (4) frequent observations as to the force and frequency of the cardiac action. Dr. Barker then asks if it is safe to give this anæsthetic when the woman is suffering from organic disease of the heart? Dr. Fordyce Barker said: "It seems to be almost accepted as an axiom, with both the profession and public, that the inhalation of chloroform is dangerous for any woman with disease of the heart. For more than thirty years I have been convinced that this opinion is quite erroneous, and I have so taught in my lectures and in former writings." Dr. T. R. Barker then adds that "chloroform, by inhalation, can and will, if properly administered, save the lives of parturient females suffering from organic disease, when death seems imminent from over-stimulation of its ganglia through reflex nervous action. Organic heart disease, then, does not preclude the use of chloroform in labor, but rather is a condition calling for its careful administration."

Cancer of the Uterus. Treatment.

New York gynæcologists are using pyoktanin in carcinoma of uterus, with satisfactory results. Of course no cure is expected, but in nearly every case the disease remained stationary under the constant use of this drug. The uterus is curetted, packed with iodoform gauze, and the packing removed after twenty-four hours. A 1-300 solution of pyoktanin is then injected. In the *Centralblatt fur Gynæcologie* is a preliminary report of the use of alcohol in uterine carcinomata. Absolute alcohol is injected deep into the affected tissues. One case of disease of the cervix was completely cured, while in nine other cases, still under observation, there was marked improvement.

Infectious Diseases.

Among the interesting articles found in the August number of *The Trained Nurse* is a reproduction of a lecture, given by Dr. S. S. Adams of this city before the training school of the Garfield Memorial Hospital. The lecture describes the eruptive or contagious diseases of childhood; their nature, origin, method of infection, the manner in which they affect the system, and the way in which they propagate and spread. Dr. Adams makes very clear the nature of "infectious" diseases, and describes how they are proved to be due to living germs. Under the heading of the "specificness" of a disease, he shows that persons suffering from malarial fever never have that disease turn into typhoid fever. One infectious disease never turns into another. We cannot always tell where the infection came from; but a disease which is finally recognized as typhoid fever was such from the beginning, no matter how masked the symptoms may have been. It is erroneous to believe that filth, bad hygienic surroundings, social squalor, badly prepared food, etc., may give rise to infectious diseases, as diphtheria. Said conditions may form a favorable ground for the development of the germs of these diseases, but they never originate under such conditions. Under the head of "immunity," Dr. Adams says it is a mistake to believe that inoculation with vaccine virus causes a modified form of smallpox; it causes vaccinia and never smallpox. Typhoid fever can never be taken from a person suffering with the disease, nor can it arise from a malarious region unless the germ of the disease is there. The lecture closes with an interesting discussion of the exanthematous diseases. Although given before a class not supposed to be thoroughly trained in all the branches of the science of medicine, yet the lecture is of interest to all and we are glad to note others are to follow.

Defense of the Opium Habit.

The effects of opium on the human system have been thoroughly discussed by the members of the Calcutta Medical Society. In the July issue of the *Indian Medical Gazette*, we learn that

the medical men in India do not recognize the terrible pictures which are drawn regarding the effects of opium. The editor of the *Gazette* says:

"Experience proves it is useless to attempt to make people better by legislation, and moreover we hold that the moderate use of opium in an Eastern country will have the same calmative and stimulant effects as the use of tobacco, and that the excessive use of tobacco is almost as productive of mischief to the human constitution as that caused by the abuse of opium. Observations in this country demonstrate that moderate opium eating or smoking, far from being that unmitigated evil which those unfamiliar with the subject or with the people and their customs maintain it to be, is, on the contrary, a solace and mainstay to many who otherwise would be unfitted for the battle of life." The editor takes exception to the proposal to abolish the use of opium in India except for medical purposes. He gives four reasons for this: "First, because opium in moderation does no harm; secondly, because it does good to a large proportion of those inhabitants who live in malarious districts; thirdly, in some parts of India it bears an important part in some of the ancient customs of the people; and fourthly, because the attempt to carry out such an abolition would create a vast deal of suffering and hardship on the people without bestowing upon them any corresponding benefit."

Sex of Fœtus in Utero.

It would seem that this subject should have a prolonged vacation, but it is one so easily theorized upon, and one from which so many "positive rules" can be formed, that we must ever expect the usual supply of discoveries in this line. From the *Times and Register* we learn that Lassier has arrived at the positive truth at last. He says: "Before exposing my theory, which allows the accoucheur to determine the sex of fœtus, let us establish first that in woman as in all animals there are two ovaries, of which one produces male germs, the other female germs, turn by turn, that is, each in its turn. As the Creator has left nothing to chance, it cannot be otherwise. Besides, this principle is amply proved by the ovipara, whose eggs are always paired. In the pigeon, the female lays two eggs, which hatch out a pair. With the canary and thrush the eggs are usually four in number, and are mated. If the eggs of the same hen are hatched, the sex of the chickens is equally divided, the same occurs in the case of the goose and turkey. This granted, let us apply the same rule to women, and we shall see that we have two means for the determination of sex. The woman emits an ovule every month, the ovaries produce each in turn; the germs are alternately male and female. A remarkable fact is that the period of gestation in woman is nine months, an unequal number. The same thing occurs in all uniparious animals: the mare, eleven months; the cow, nine months; the sheep, five months, in such a manner that while a female drops her young she sheds at the same time a germ of opposite sex. It is easy to understand why a woman who lies on her left side has nine chances to two of having a boy, because in this position the ovary which produces the male ovules has more chances of its ovule being fecundated than the other, and *vice versa*. I have established that the procedure of ovulation alternates in the production of the sexes. This also permits us to determine the sex by calculation. If the woman is a primipara, the accoucheur has the *decubitus* for a guide. If it is her second or third pregnancy, he has only to find out the sex of the last child. If it was a male at term, the ovule corresponding to the lying-in was female, and so on. A woman becomes pregnant at the ninth month after delivery; if the last was a boy, this will be a boy also. If at the tenth it will be a girl."

Balsam Peru in Surgery and Diphtheria.

Dr. Hal C. Wyman of Detroit writes to the *Therapist* that he uses the balsam of peru in all open wounds. In compound fractures the balsam is poured freely into the wounds. The compound fractures of the hand and fingers so common among railroad men are treated freely with the balsam, covered with gauze and wrapped in cotton. In diphtheria it is applied by means of a swab

of soft cotton soaked in the solution. It is powerful as a destroyer of the membrane on the tonsils and fauces, while its pleasant taste makes it unobjectionable to children.

One Thousand Cases of Labor. Speaking of the great success of Dr. Joseph Price of Philadelphia, reminds us that in a late number of the *Columbus Medical Journal* is a report of one thousand cases of labor at the Preston Retreat, without a death. A number of complicated labors were dealt with successfully, both as regards the mother and child. The whole treatment is to make the patient, nurse, and all surroundings as nearly aseptic as is possible. In the Second Annual Report of the Midwifery Dispensary of New York City, we learn that 955 cases were treated by the Dispensary. Of this number, 10 died, or one case in 95.5 cases. Of these ten cases, three were confined by midwives and seven by the Dispensary. Five deaths were due to septicæmia. A study of the report from the Preston Retreat together with this Dispensary report makes the value of aseptic work still more evident.

Irrigation of Operation Wounds. In the *American Journal of Medical Sciences* is an interesting discussion of the value of irrigation of wounds. Irrigation is rarely employed in wounds known to be free from infection, and, with few exceptions, strong solutions are no longer used. To these strong solutions do we owe a number of fatal intoxications in the past. Surgical dressings are now less bulky and cumbrous; they are left longer undisturbed; and they can be bandaged on with less pressure, an important item in the case of amputation of limbs. The dryer the operation, the dryer the course of healing. Irrigation of an aseptic wound is unnecessary, even harmful. Irrigation should be only employed in wounds which are *per se* not aseptic, as those in the vicinity of or within the several orifices of the body—as the rectum, oral cavity and vagina; it is well employed during operations in and about accidentally and suppurating areas. The exception to all this is the abdominal cavity, *where irrigation is never to be employed.* Experience and scientific experiment support this statement, although it is a widely spread practice. On account of its complex character the peritoneal cavity cannot be completely washed clean; germicidal solutions cannot be used in a strength sufficient to be effective, while weak solutions will only aid in spreading the infection to previously unaffected areas. The tolerance of the peritoneum is almost incredible; but let the limits of peritoneal tolerance once be overstepped and the damage is irretrievable. This tolerance of the peritoneum is too often the mantle of charity under which are hidden the sins of omission and commission of laparotomists without surgical training. In laparotomy, more than anywhere else, the most thorough sepsis is a conscientious duty.

Treatment of Delirium Tremens. The treatment of delirium tremens was discussed at a recent meeting of the British Medical Association, by Dr. Kerr. He disapproves the administration of opiates, chloral, bromides, and all forms of alcoholic liquors, and relies entirely on the liquor ammoniæ acetatis. A drachm is given every hour until there is free perspiration, when the dose is gradually diminished to fifteen minims every four hours. The object is to eliminate the poison as speedily as possible. Sleep follows from natural exhaustion. Dr. Kerr relies upon meat juice, chicken broth, and milk and soda to sustain the strength. Patients make a more rapid and more satisfactory recovery by such treatment, than where alcoholic liquors are given, and narcotics or anæsthetics used to produce sleep.

Double Ovariotomy, Pregnancy. A current number of the *Lancet* reports a communication by M. Pobaillon to the Academie de Medicine, which is a description of a double ovariotomy operation at the third month of pregnancy. One cyst was adherent to the intestines and Fallopian tube. The adhesions were torn away, causing profuse hemorrhage. Notwithstanding all this the woman made an uneventful recovery, and, in due time, was delivered at full term, the labor presenting no unusual features.

Lysol in Cholera.

We notice, in the *Press*, that the chief Sanitary Board of Austria has published a statement regarding the value of a new series of disinfectants. Attention was particularly called to the preparation known as "lysol," which is composed of "caustic potash, oleic acid, and cresols." A solution of one per cent of lysol is said to be sufficient to destroy the cholera bacillus. It is less poisonous than carbol and is not of a corrosive nature. It is especially recommended for washing the hands, linen, floors, and similar purposes.

Uric Acid Diathesis.

In the Berlin *Klinische Wochenscrift* is a report by Dr. Biesenthal on the use of piperazine in the uric acid diathesis. The author has prescribed the remedy in 47 cases in his own practice and has collected 220 cases from his colleagues. They all agree that piperazine is a very safe remedy in fresh cases of gout, and that even in chronic gout its action very seldom fails. It has proved of value in all cases of renal colic, and in many cases of hemorrhages of the urinary passages. Its use will probably be much extended, including those cases where there are deposits of uric acid in different parts of the body, and where it is desirable to neutralize free acids in the joints and tissues. Dr. Schweninger adds that he has employed piperazine in 150 cases, and concludes his report by saying he regards this new drug as "an enormously valuable addition to our treasury of medicaments."

Legal Test for Insanity.

This subject has given rise to much debate and a wide difference of opinion. But it is ably handled in the August number of the *Medical Mirror*, by a member of the St. Louis Bar, J. L. Hopkins, Esq. Mr. Hopkins says the courts should not attempt to define insanity, or to establish a distinctively "legal" insanity. The question of sanity or insanity is one of fact; it must be determined anew in every instance. It cannot be determined by legal procedure. "The most frequent error of the courts in this regard has been that of instructing the jury in cases of crime that the test of insanity is in law whether or not the accused, at the time of the perpetration of the offense in question, knew he was doing wrong, or could distinguish between right and wrong. It is safe to say that in a very large proportion of homicides committed by persons afflicted with homicidal mania, the deed was committed with full knowledge that it was wrong. So such a test is worthless." Mr. Hopkins wishes it distinctly understood that there can be no judicial definition of insanity. Insanity is a question of fact for the jury, not one of law for the court.

Treatment of Diphtheria.

All our readers have to do is simply to read this journal and become fearless of any such disease as diphtheria! There are as many positive cures and never-failing remedies as we have for cholera infantum. To our mind the disease is a fearful, frightful one, and we would never expect the good record of cures so many writers claim. These remarks are called forth by an article in the journal quoted above, from the pen of Dr. C. J. Rademaker of Louisville, Ky. Dr. Rademaker reports 134 cases of diphtheria without a death. Of course the usual rules of isolation are followed; and to abate the fever quinine is given. But the success of the writer appears to be due to the use of the liquor bromole. This removes the membrane rapidly, stops the fetid odor, and arrests putrefaction. The doctor has seen one application of the liquor bromole remove a piece of membrane as large as a silver dollar. A fluid ounce of this solution contains:

Water,	480 grains.
Bromine,	8.7 grains.
Phenol,	3.3 grains.

The solution is used with absorbent cotton on a probang, and is applied every two or three hours.

Pure Air of the Potomac.

Kate Field becomes quite a sanitary inspector in the issue of her paper for August 31st. She speaks of the "Carnival of Dirt," and discourses most wisely on the cholera, "the child of poverty, ignorance and dirt." She advises every one to be his own health officer and keep

his own house in order. If this advice would be accepted she truly says, "We would have little to fear from the rags and immigrants of Europe." Farther on, speaking of the efforts of the *Post* to make our city a manufacturing center, she says: "The Potomac needs no harber defenses as long as the bone-boiling factories are permitted to defile the air throughout the year. The bravest invading fleet would turn back from such pestilential odors, leaving them to be endured by the summer pleasure seeker, who will defy hardships which an army might honorably shun. If these factories represent some of that fifty-five millions which the *Post* says is already invested in successful manufactures in the District, the sooner the sum is reduced by the value of these plants, the better.

Laparotomies by Dr. Joseph Price.

A recent writer has said that the most incredulous would be promptly convinced that the ways and methods of Dr. Price were good ones, if they could only witness the doctor operate and notice how beautifully and uneventfully his patients recovered. Dr. Price performs hundreds of abdominal sections each year. He probably has as low per cent of death rate from opening the abdominal cavity as any man living who does this kind of surgery. The mortality from all his operations is now only three per cent. A visitor to his clinics writes to the Omaha *Clinic* that Dr. Price has a record of forty-seven consecutive supravaginal extra-peritoneal hysterectomies without a death.

One Hundred Laparotomies.

As a reprint from the *Virginia Medical Monthly*, we have the report of one hundred laparotomies by Dr. Joseph Tabor Johnson of this city. Since this article appeared, however, Dr. Johnson has added nearly fifty more to the list, a report of which will appear in due time. The last seventy-three ovarian operations were performed with only two deaths, a mortality of less than three per cent. In twenty cases Dr. Johnson has removed the ovaries for the relief of growing and bleeding myomata of the uterus. Each case was successful, so far as saving the life of the patient and giving her relief from her trouble.

Growth of Fibroids after Menopause.

In another reprint, we have an article by the same writer on the growth of fibroid tumors of the uterus after the menopause. Dr. Johnson believes that we cannot assure any woman that her tumor may not grow more rapidly even after the menopause than it did before, or that it may not present complications equally distressing and disastrous. The doctor draws the following conclusions: (1) That the "rule" stated in the text-books, that uterine fibromata cease to grow after the menopause, has many more exceptions than is generally supposed. (2) That *when* they continue to grow after the menopause, they pursue a more disastrous course than before. (3) They more frequently become cystic, calcareous, or have abscesses develop in them. (4) These conditions requiring operation according to well-known rules of surgery, the patients are in a less favorable condition for recovery than before the menopause. (5) If the above conclusions are admitted to be true, it must follow that they furnish additional indications for more frequent and earlier resort to the radical operation.

Book Reviews.

THE DISEASES OF THE STOMACH. By Dr. C. A. Ewald, Extraordinary Professor of Medicine at the University of Berlin. Authorized translation from the second German edition, with special additions by the author. By Morris Manges, A. M., M. D., attending physician to outdoor department, Mt. Sinai Hospital, New York City. Thirty illustrations. Five hundred pages. D. Appleton and Company. 1892.

We understand a London edition of this work, by another translator, is already on the market, while translations have been made in the Russian, Italian, and Spanish languages. These facts alone show in what high esteem Professor Ewald is held by the medical profession. The author presents to us, not so much the source and nature of recent discoveries, as their final, acknowledged results. The teachings, therefore, are such as will render the general practitioner aid at the bedside. The very latest results of Dr. Ewald's examinations, experience, and opinions are here given; for, while the last Ger-

man edition was written some three or four years ago, Professor Ewald has so revised the translator's notes that this represents an edition later than the Germans themselves possess. As the treatment of affections of the stomach forms so large a part of the practitioner's experience, so this book will be welcomed by the profession. It is the very latest and, in our opinion, the very best treatise on the subject.

BOOK ON THE PHYSICIAN HIMSELF, and things that concern his reputation and success. By D. W. Cathell, M. D. New tenth edition (author's last revision). Thoroughly revised, enlarged, and rewritten. In one handsome royal octavo volume. 348 pages. Bound in extra cloth. Price, post-paid, $2.00, net. Philadelphia: The F. A. Davis Co., Publishers, 1231 Filbert Street.

How well we remember reviewing the first edition of this work some years ago. We became enthusiastic over it; advised all our friends to buy it; and told a large class of medical students it was of inestimable value to them as they started out to battle. Since that time the book has been enlarged and improved in many ways. As we have read it through, and many parts of it for the second and third time, we unhesitatingly declare it contains more solid common sense to the square inch than any medical publication on the market. You read a paragraph, stop just long enough to say, "that's so," and then go ahead. It is most interesting reading, to say the least, while its teachings are priceless.

STORIES OF A COUNTRY DOCTOR. By Willis P. King, M. D. With illustrations by S. A. Fitzgerald. 400 pages. Price $1.00, cloth. Hummel & Parmele, Publishers, 612 Drexel Building, Philadelphia.

There is a bright side to life, if we only know how to find it; at least, it seems to be possible for some persons to always see the silver lining. Dr. King must be one of these bright, hopeful spirits; for his book is one great collection of facts and fancies on the pleasant side of life. The stories make the jolliest kind of reading, and if well told, cannot fail to bring down the house. They are wholesome stories too, real, genuine, laughable stories. If any set of men need such occasional helps it is the burdened, heavy-hearted doctors. How one man ever collected such a number of good stories is a mystery to us. But they are here; and each one of them is "a little the best."

Letters to a Young Physician.

MY DEAR DOCTOR:—I believe you are on the straight road to success, for you say you are greatly annoyed by being obliged to listen to the petty annoyances, family quarrels and personal jealousies of your patients. No better proof could you give that you inspire confidence and that your patients have unlimited faith in your judgment and integrity. This may annoy you, but I would never let one of my patients know such to be the case. You ask me if I generally tell my patients how the medicines prescribed will act. No, indeed; I know too well the uncertainty of drugs, as well as the uncertainty of the human system to respond to them. It is well enough to tell, in a general way, what effect is desired, but do not enter into minute descriptions. I would not say: "This is aconite. It reduces the number and force of the heart-beats, and lowers the arterial tension. The skin becomes moist and there is a more abundant urinary discharge. It is a direct antagonist to the fever process." But suppose, for one of many reasons, these things do not occur, then you "cannot get the medicines to act," and the patient and friends are upset and confidence in you is lessened. Better say you "prescribe a fever mixture," and let that end it. I would also be equally cautious about making too sharp a diagnosis for the benefit of the friends. If your patient has some well known ailment, typhoid fever, pneumonia, etc., then it is the proper thing to do, but for the thousand and one afflictions of every-day life, keep your own counsel. Especially would I urge this in all cases where your patient might object to the facts being known, and where Mother Gossip might magnify or distort. It is a good and profitable reputation to have that you "never tell anything." There are some things I would tell, however. When your patient is extremely ill and you see a great danger ahead, I would so inform the friends. They may desire counsel even if you do not. And if a fatal result should occur you will be gratefully thanked for your timely warning. Very sincerely yours,

THE REVIEW.

THE
NATIONAL MEDICAL REVIEW.

VOL. I. WASHINGTON, OCTOBER, 1892. No. 8.

THE EDITOR'S TABLE.

To the Freshmen Medical Students.

We desire very much that you should profit to the highest degree by your year's work among us. Therefore, heed the advice of an old man and remember what we have to say. In the first place, believe everything you are told. Each professor will impress you with the fact that his branch is the most important in the course. It is true; therefore, pay particular attention to that branch. In anatomy, get every minute detail of the sphenoid bone and the muscles of the back; it will delight your quiz master and be of great comfort to you when you reflect on student life in the years to come. In physiology, pay particular attention to the proximate principles and the development of the embryo; it will please your teacher to know you have a yearning to understand how you are now made of principles, and how you were developed from nothing. In chemistry, study nothing but the "original experiments" given you by your professor; it will convince him you once expended forty-seven cents and worked two whole days in the same field of original research. In materia medica, often linger after the lecture is over and tell the professor what your preceptor has done; your teacher will be pleased to record such a list of amazing impossibilities for future reference. Be sure, at once, from the very start, and be one of the professor's "assistants." He needs your help, and may even thank you for your services now and then. You could pin up a chart for the anatomist; bring a cat to the physiologist; light the gas for the chemist; and pass around the jars of drugs for the therapeutists; it would show to the whole faculty how you were thirsting after knowledge. Get a cheap boarding place; what is this poor body compared to the mysterious unfoldings of the mind? Nothing. Then, too, it will prove to your teachers that you believe the pen is mightier than the sword. Open wide the eyes, and look with intense satisfaction, astonishment and admiration when your teachers give "personal experiences," and raise the rafters when they get off a joke. Follow this advice of the REVIEW and we will give you a safe pass to your junior year.

If I Were Young Again.

If I were young again and lived in this city I would become a student of one of our four medical colleges. I would ever loudly and vehemently make known the fact that my college was the best of the lot; its professors were the ablest; its standing the highest; its students the brightest; and its graduates the most successful. I would look with pity on the poor fellows of the other colleges who were not able to pass the severe entrance examinations of my school. I would

write a graduation thesis on the Grippe that my teachers might profit thereby. I would ever cherish the kind words of my professor of anatomy when he said I had a natural gift for surgery. I would leave my Alma Mater as soon as I had my degree, and I would then go forth to conquer all by the unusual abilities I know I must possess. But more than this, I would even get a notice in the local paper of my father's country home that I "graduated with great honors at the head of the class." All this I would *probably* do.

Sullivan a Paralytic.

Dr. W. F. Grier has electrified a whole continent by the startling announcement that poor John L. Sullivan is a paralytic! There is no doubt but that Dr. Grier is a competent authority, for he exhibits a wonderful knowledge of the human frame when he tells the anxious public that "the muscles of the body are bundles, subdivided into smaller bundles, and these into fibrillæ." This settles it, so far as the public is concerned. Dr. Grier knows all about it. The trouble is just here: overtraining results in "progressive deterioration of the muscular contractility." As Corbett showed that his opponent's muscular contractility deteriorated after a few rounds of co-ordinate action of the fibrillæ, it must follow that "while the will power of Sullivan was great, his muscles were totally unable to respond." So we would say to the old admirers of the ex-champion, take courage! The trouble was all in the co-ordinate action of his muscular fibrillæ. They would not co-ordinate! The REVIEW suggests to Dr. Grier that he procure an aspirator and pump out the alcohol that lies between all these fibrillæ so they can approach near enough to each other to co-ordinate! Sullivan was a mighty giant and everyone appeared to believe there was but one enemy that could lay him low—Death. But there was another—Alcohol. And the giant walked with his enemy and laid with him, and thought he was a joyous, jolly friend. But the enemy laid the giant low. King Alcohol knocked the champion out. Corbett hit the blow, but whiskey did the work.

Given to Praise.

One of our exchanges acknowledges the receipt of a new medical journal, devoted to the financial interests of the profession. It speaks thus in praise of the new venture: "It strikes us as a typical case of a diarrhœa of words and a constipation of ideas."

How Do You Pronounce Quinine?

Frederick A. Fernald asks this interesting question in the *Popular Science Monthly* for September. It would be interesting to know in how many ways this word is pronounced by the members of the profession of this city. Webster's International gives three forms, *Kwī'nīn*, *Kwĭ'nīn*, and *Kwĭ'nēn*; the Century gives two of these and adds a fourth form; while Stormonth gives the fifth variant. In the midst of all this confusion what shall we do? The Chemical Section of the American Association for the Advancement of Science made a report recently on the proposed revision of the spelling and pronunciation of chemical terms. Among the decisions was one which especially refers to *quinine*. The committee recommend a sixth pronunciation for this puzzler. We are now to ask for *Kwĭ'nĭn* and are to spell the word *quinin*. Probably a reform in the spelling of such words as diarrhœa, phthisis, pneumonia, ptyalism, etc., would be welcomed by the profession. Silent consonants could be omitted, and the æ replaced by e. There is a growing tendency to simplicity in all such matters.

Good Bedside Manners.

The day has not disappeared far in the past, in fact, has not altogether disappeared when a good bedside manner was the great requisite for success. If the doctor was gentle to the women, and attractive to the children, his success was assured. This is so to a certain extent to-day, but it is disappearing at the approach of the dazzling light of modern research. The coming physician is the one who will demonstrate his ability to combat disease. The man who can prove by actual demonstration that he understands the *antitoxines* is the one who is coming to the front. An American surgeon of to-day who has astonished a world by his statistics, astonishes alike all those who see how easily he operates without display and with scarcely a handful of instruments. But his patients recover. We would not underrate the value of a good bedside manner; but the scholar is coming to the front. Brains are at a premium.

Too Many Physicians. A Remedy.

That there are too many men engaged in the practice of medicine is generally admitted. That there are none too many of those fully qualified for their work is also as generally accepted. We cannot wait for the public to be sufficiently educated to discriminate between competent and incompetent service. We must take the advanced ground and be the teachers ourselves. Not only the remedy, but also the hour in which the remedy itself should be applied is at hand. Instead of the scores of medical schools opening wide their doors and crying, Come, let them nearly close these entrances and hedge up the way by a careful and discriminating examination. Let the weeding begin now, and let it keep up at regular intervals throughout the college course. First, there should be an improvement in the quality of the instruction imparted; second, the standard for admission should be raised; and, third, the requirements for graduation should be far greater than at present. No school need fear for lack of patronage if it takes this advanced ground. The profession will rally to its support. Instances could be given where this has proved to be the case to a most flattering degree. Begin now to lessen the annual output of doctors, and unfair and often disgraceful means of competition will cease. Commercial methods of obtaining a business will be no more and we will be in word and deed a noble profession.

The Tobacco Habit.

It is not often these days that the smoker can derive much comfort from reading published articles on tobacco and the tobacco habit. But M. Jules Rochard, of the French Academy of Medicine, has done a great service to all those who use tobacco and desire some excuse or reason for so doing. M. Rochard tells us that a million and a quarter of acres of land are devoted to the cultivation of the plant, while the tobacco tax in France alone amounts to over sixty millions of dollars. Then, again, "hundreds of millions" of persons smoke tobacco. With these facts before us, the subject should be considered in an impartial and serious manner. We should endeavor to ascertain what experimental data science, physiology and hygiene furnish. The writer regards tobacco as a poison, and discusses and illustrates this point in an interesting manner. Then follows the analysis of certain charges brought against smoking. M. Rochard admits it is often injurious to the health. "There is certainly nothing hygienic in the habit." Smoking just before meals often takes away the appetite and disturbs digestion. Next to the digestive organs, the respiratory

organs and the heart are affected. Then we have pharyngitis, laryngitis with a dry cough. There is also danger from cancer of the lips and tongue; but this occurs chiefly among persons who smoke a very short-stemmed clay pipe. In reply to the charge that tobacco contributes to the depopulation of the country, the writer not only denies it, but adds that "the peoples who smoke most are precisely those who have the most children." The accusation that smoking blunts the intellect is "most cruel." The evidence on this point is not formidable and is quite easily explained. The article concludes with a comparison between alcohol and tobacco; and a consideration of the motive that impels so many persons to contract the tobacco habit. His own explanation of the fascination of tobacco must be very gratifying to the smoker. "It calms and mollifies the sensibilities of the organs. It causes an agreeable torpor, during which thought continues lucid, and the capacity for work is not diminished." The article occupies thirteen pages in the September number of the *Popular Science Monthly*, and it is well worth a careful perusal. It is a close study of the tobacco question on the side favorable to the smoker.

The Cigarette and the Boy.

But M. Rochard does not discuss the most interesting part of his subject. Because the father smokes his cigar, the son must have his cigarette. The evidence is overwhelming that the cigarette works great injury to the boy, mentally, morally and physically; while there is no evidence in favor of its use. We have never thought it necessary to consider, favorably or unfavorably, the question of the use of tobacco by those of mature years. Some persons are, without doubt, harmed by it; while others are, at least, uninjured. But we believe the greatest injury is being done to the coming generation by such early and excessive use of tobacco; and we believe it is in the province of the medical profession to do much to avert the threatened danger. Keep the cigarette from our schoolboys.

Zola as a Medical Writer.

One is not inclined to look upon the writings of Zola in any other than a certain not too enviable light. But his recent novel, entitled "The Downfall," is a most successful venture in an altogether different field. It is a vivid description of the downfall of the French empire and abounds in the relations of the horrors of war. Some of the best of book critics have declared this to be one of the strongest novels of modern times. There are a number of descriptions of surgeons and surgical works; none better than this: "The business that lay before him now was the resection of the shoulder joint in accordance with Lisfranc's method, which surgeons never fail to speak of as a very pretty operation, something neat and expeditious, barely occupying forty seconds in performance. The patient was subjected to the influence of chloroform, while an assistant grasped the shoulder with both hands, the fingers under the armpit, the thumbs on top. Bouroche, seizing the long, keen knife, said: 'Raise him!' seized the deltoid with his left hand and with a swift movement of the right cut through the flesh of the arm and severed the muscle; then with a deft rearward cut he disarticulated the joint at a single stroke, and presto! the arm fell on the table, taken off in three motions. The assistant slipped his thumbs over the brachial artery in such a manner as to close it. 'Let him down!' Bouroche could not restrain a pleased look, as he proceeded to secure the artery, for he had done it in thirty-five

seconds. All that was left to do now was to bring a flap of skin down over the wound and stitch it, in appearance something like a flat epaulette. It was not only 'pretty,' but exciting, on account of the danger, for a man will pump all the blood out of his body in two minutes through the brachial, to say nothing of the risk there is in bringing a patient to a sitting posture when under the influence of anæsthetics."

Cholerine.

We think it very unfortunate that this word has gained a foothold. It is too suggestive of the genuine disease, and it covers no new or unnamed train of symptoms. In a recent paper by Dr. Cyrus Edson of New York, he gives the reader to understand that the symptoms resembling those of the first stage of cholera have been grouped under the term cholerine. These symptoms are a feeling of weariness, uneasiness, nausea, diarrhœa and sometimes vomiting. At first the dejections are natural, though frequent. Cholerine is usually caused by eating overripe fruit. While not a necessary precursor to the dread disease, yet it may develop into the Asiatic type. Thus writes Dr. Edson. Yet how a diarrhœa from an injudicious diet could ever give rise to a comma bacillus we do not know. An irritated alimentary canal might make a more suitable soil for the cholera bacilli, but even then we see no necessity of calling such an irritation by so suggestive a title as cholerine. If fright creates great danger in the times when cholera is present what more injudicious thing could be done than to call an ordinary diarrhœa by the frightful name of cholerine? For, to the ordinary mind, an attack of the cholerine is just removed from an attack of the genuine disease. The presence or absence of a comma bacillus has but little to do with the case. We say it is most unfortunate that the word has been introduced. It was unnecessary, and a few men of Dr. Edson's position could have prevented the acceptance of the term. But as it is we shall have reports forevermore of hundreds of cases cured of the cholerine.

Have You a Family Tree?

It is very interesting to note with what zeal some persons relate their family history. They have it complete from the landing of the three brothers from England to the latest recorded fact in the family register. But, to many, this is not sufficient and the older countries are explored for still more remote traces. To any person who is trying to trace his genealogy, we would commend the following facts, recently given to the public by Dr. Croll. He tells us there is indisputable evidence that man existed during the glacial epoch and that this epoch began about 240,000 years ago and ceased not less than 80,000 years since. Therefore, the age of man on this globe must be over 80,000 years. Those of our readers who are familiar with the exhaustive and scholarly work on "Predamites" by the late Alexander Winchell, now have additional light on many of the problems there discussed. But what of the man who is trying to complete his family tree?

The Citizens' Hospital.

The profession of this city has added fresh laurels to itself by its philanthropic work during the encampment of the Grand Army of the Republic. The Citizens' Hospital has treated hundreds of sufferers and has given assurance to all. A number of our physicians have devoted much time to this work, without compensation, and at no small cost to themselves. Difficult and delicate operations have been performed, and the

very best of care given. These men have brought credit to all of us by their labors, and, as a profession, we should thank them for it.

The Sanitation of Large Cities.

If the statement of the press be true, that 1,900 deaths from typhoid fever have occurred in Chicago during the past seven months, there is a great error to be corrected. Those who are familiar with the arrangements of the water supply of that great city can readily understand how easy it might be for the water supply to be contaminated with the city sewerage. The sanitation of our large cities is an immense problem, the solution of which will bring just renown and limitless financial return. If our temperance sentiments forbid the quenching of the thirst with any of the products of fermentation, and if the city water be contaminated with all forms of decomposed material, what is one to do? Unless the authorities of that progressive city come to the rescue and assure the public that the best of sanitary arrangements have been completed, we would answer the question by saying—Stay at home.

Our Subscription List.

But we think we will not give it. We were inclined to do so until we saw an advertisement of *The Prescription*, published at Danbury, Conn. This announcement says: "*The Prescription* has over 15,000 bona fide subscribers, and is not yet a year old." We have the 15 all right, but pray tell us, Mr. Editor, how did you get the ciphers to the right?

"Wash or Die."

The *Sanitary Era* says that the Ameer of Bokhara ordered the city to be cleaned, but the inhabitants did not take kindly to such unusual advice, and there was an open revolt against the order. Thereupon, his Highness promulgated a second order, to the effect that every subject be executed who failed to carry out his new sanitary laws within a week. A glance at some of the emigrants landing on our shores, however, would make us incline to the opinion that they would prefer death to a good wash.

Photographs of Physicians.

For some reason we have failed to receive the *Doctor's Weekly* of late, but it is on hand again, and with the announcement that early in October it will issue a large special edition containing photographs and biographies of many prominent physicians now residing in New York City who were born in "The Eastern States." This edition will be followed in rapid succession by similar editions devoted to physicians who came here from "The Southern States," "The Western States," etc., and also those of foreign birth.

Give Due Credit.

In the August number of this journal, under "Gynæcological Technique," we stated that the article by Dr. Howard Keely was in the Brooklyn *Medical Journal*. Although that journal gets a great many good things, yet it does not secure them all. The article should be credited to the New York *Journal of Gynæcology and Obstetrics*. Dr. Keely is one of the collaborators of this journal, being associated in this relation with Emmet, Thomas, Skene, and others. The *real* editor, however, is Dr. A. H. Buckmaster, of No. 52 E. Thirty-first St., New York. Take the *Journal*.

District Medical Society.

The Medical Society of the District of Columbia will resume its regular weekly meetings on Wednesday, October 5th. Let these meetings be well attended.

THE PROGRESS OF MEDICINE.

Digestion of Starch by Papoid.

A simple glance at the advertising pages of any medical journal illustrates how important has become the study of dietetics. We understand better to-day than ever before that, so far as the building up of tissue and the repair of waste is concerned, it is not what we eat but what we digest. Dr. Frank Woodbury, Professor of Clinical Medicine in the Medico-Chirurgical College of Philadelphia, has contributed much to this department of medicine. In the September number of the *Journal of Balneology* he presents the results of experiments on the digestion of starch by papoid. Dr. Woodbury believes that as nature has provided at least three different secretions which act upon starch, and as a very large proportion of our daily food consists of cereals and other starchy materials, it must follow that the digestion of starch is of the highest importance. By the digestion of starch Dr. Woodbury understands those series of changes which, commencing by liquefaction, proceeds with the formation of amylodextrin, erythrodextrin, and achroödextrin, and terminates in the entire conversion of the original starch into maltose with a greater or less proportion of dextrin. He says the former idea that starch was converted immediately and totally into grape sugar has been shown to be erroneous. Then follows a minute description of each step in the series of these changes; and this is followed by a number of experiments with papoid.

The conclusion is that the action of papoid is precisely analogous to that of ptyalin, or pancreatic extract. Practical experiments upon food showed conclusively that papoid acts well on those containing cooked starch, as bread, potatoes, beans, corn, rice, etc. Even on raw starch papoid has some action, only it is slower. The action of the papoid is immediate and continues almost indefinitely. In fact, it appears very difficult to destroy papoid by starch. "*One part of papoid will convert many thousand, perhaps million, parts of hydrated starch.*" Its action is facilitated by the presence of an alkali, such as sodium bicarbonate. It is very active at blood heat, and reaches its highest degree of efficiency at 130° F. Yet it is not entirely destroyed by a temperature as high as 200° or even 240° F. It is freely soluble in water to the extent of ninety per cent. It has decided antiseptic action, tending to prevent fermentation of starchy foods. It is especially valuable in intestinal dyspepsia associated with imperfect digestion of starchy foods. It has a very striking advantage over pancreatin as administered by the mouth, in that the latter is destroyed in the process of gastric digestion, while papoid is not. The most convenient form for its administration is in the form of tablets of papoid and bicarbonate of soda flavored with menthol.

Manner of Death in Pneumonia.

The first cause of disturbance of the heart's action is *want of working room.* To some degree this is present in all cases, producing death in the more severe cases. The heart, to act well, must have a freely open pericardial sac and an even condition of the tissues and vessels at its base. If changes occur in either of these places suddenly, the effect is disastrous; if slowly, the heart may act in its new position. The second cause of disturbance is from an *ante-mortem heart-clot.* Its action, like the former, is mechanical, sometimes acting directly on the heart; but it may sometimes produce changes in the lungs. One of the most important features of these ante-mortem heart-clots cases is *hepatic congestion, using that term merely to express a venous fullness in the vessels.* There is a direct relation between the clot and the hepatic congestion.

An ante-mortem heart-clot can be diagnosed. If in the aortic area there be heard a triple sound, the third and new element being the least distinct, highest pitched, and having a rubbing charac-

ter; if the pulmonary second sound, which through the disease has been accentuated becomes longer, but less loud, losing its sharp character; if at the left apex the first sound is murmurish, or if just above the left apex there is a faint high-pitched murmur before the first sound, there is evidence of the presence of a clot.

To Diagnose Tympanic Perforations. Dr. J. Harris Pierpont writes to the Virginia *Medical Monthly* for September that it is often with great difficulty that small perforations of the tympanic membrane can be diagnosed, particularly in children. The following is a ready means of diagnosis: The external ear being thoroughly cleansed and dried, finely-powdered boracic acid is blown against the tympanum until uniformly coated. An examination a few hours afterwards will reveal a perforation—*if one exists*—by a black or discolored spot appearing upon the white field. The secretions passing through the opening will either dissolve the powder or merely discolor it—being influenced by the relative amount of fluid secreted and powder used.

To Combat Ante-Mortem Heart-Clot. Two remedies are of great use in lobar pneumonia, in combating ante-mortem heart-clot. First, the *early, continuous and systematic use of oxygen.* Oxygen will give the most brilliant and satisfactory results. But these three rules must be carried out: Early, systematic, continuous. The second remedy is, *large doses of carbonate of ammonia.* Ten, fifteen, twenty grains are given every ten hours, day and night. It is given with the single view of preventing or diminishing the heart-clot. In discussing the paper Dr. Gilfillan said he gave twenty grains of the carbonate every two hours and sometimes every hour. It was given in a wineglass of water. He never knew it to irritate the stomach or produce any unpleasant effects. In one case he gave twenty grains every two hours for twenty-five days, but this was a remarkable and unusual case. The profession does not appreciate the value of ammonia in lobar pneumonia. It leads to the elimination of carbonic acid from the lungs and it has a stimulating effect upon the nerves. Dr. Conkling said that the specific cardiac stimulants may be used; as the alcohols, belladonna, caffein, camphor, ether, strychnine, etc. But they are used, not because there is inherent weakness of the heart, but because aid is required to perform the normal cycle of cardiac action, since from pressure outside or a new growth inside there is a mechanical obstruction. These remaks and those immediately preceding on pneumonia are taken from the September number of the *Brooklyn Medical Journal.* The paper on the manner of death in pneumonia is by Dr. Henry Conkling, pathologist to St. Peter's Hospital, New York City.

Ideality of Medical Science. This is the title of a reprint, from the *Doctor's Weekly*, of an article by Dr. Maurice J. Burstein of New York. It consists of a detailed plan for the reformation of the practice and study of medicine. That such a reformation is demanded, no one will deny, and that attempts are now being made to accomplish this will be received with gratitude by the profession. Just how this reformation is to be brought about we cannot say, but it is sure to come. Dr. Burstein presents an interesting plan, and it will well repay careful perusal. Enclose ten cents and address the author at 180 Henry Street.

Too Many Medical Colleges. Dr. Burstein says there are too many Medical Colleges. What is the use of having six Medical Colleges in a city, every one claiming to be the best school and possessing the best methods and largest facilities and boasting to the public of its larger number of students and larger graduating classes? This is simply in accordance with the great spirit of competition which pervades all business interests, and for that very reason it is wholly wrong. Far more competent physicians could be graduated by maintaining one University in a State, furnished with every possible facility for instruction, following the best methods of study, and having ample means for purposes of laboratory practice and scientific research.

Treatment of Diphtheria.

Kohts and Asch report a large number of cures from the use of papoid in diphtheria. The former has treated several hundred cases with great success by the following method: Ten grains of the papoid are dissolved in half an ounce of water. This solution is painted on the diphtheritic membrane every fifteen or twenty minutes with a soft brush. The membrane disappears rapidly.

The Man Who Knows it All.

The Medical Society of Buffalo has been enjoying rich treats in having distinguished men from abroad give papers before its members. Dr. Potter has some of these papers in the September number of his journal. In discussing a paper, Dr. Joseph Price of Philadelphia said that "none of us know it all, and it will be a long time before we do." We must watch our own and others errors' errors and hold on to that only which has the strong support of happy results.

"The man who knows it all" is the man who makes no advances, who never labors to find new truths and better ways, who does not zealously seek all through his own experience for his own errors and profit by the lessons they teach, who never studies for his own and general professional success the lessons of the errors and victories of the students and toilers of the profession. He is one who wears his January moss through the hot June days, and takes it to be profanity to his sacred person if you breathe on it. There is nothing men who would learn welcome so much as criticism. The great giant mastermind and hand in abdominal surgery, Tait, comes to the fore again and again to tell us of his errors and how and wherein he corrected them. The men who have written the best are the men who, from their larger experience, are revising or making new editions, with very little of their old books in them. And they are not wasting time and energy in apologies. The man of the period we would have talk to us, is the man who comes to us with his apron on and with clean hands. He need not be precisely a Lord Chesterfield in his manners. The spider may have reached the perfection of his art in the weaving of his first web, but it has been not given to us to know all or attain perfection with so much facility and ease."

The Saloon.

The editor of the *Medical Brief* gives its readers the following vivid picture of the evils due to the saloon; the words are from the gifted pen of Mr. B. O. Flower, editor of the *Arena*:

The saloon is the supreme curse of the nineteenth century, because its influence extends in all directions; and wherever it is felt, human misery, degradation and moral eclipse follow. It is the devil fish of our present civilization, whose every tentacle crushes to death. It pollutes politics; it degrades manhood; it makes a possible murderer of every victim; it fills the slums with want and wretchedness; it crowds to overflowing our jails, is a leading factor in populating insane asylums, almshouses, and the potter's field; it destroys the physical strength of manhood; it beclouds the intellect; it obliterates moral integrity. But towering above all this, its crowning evil, and that which makes its existence the national crime of the age, is its effect upon the guiltless. Through it more innocent suffer than guilty. The wife, the prattling children and the unborn child each bear the mark of its curse. This is the phase of the problem which makes its toleration a crime of measureless proportions.

The supremacy of the saloon affords a most impressive illustration of the possibility of a whole nation becoming morally anæsthetized by a curse constantly before its vision, and whose wealth is lavishly used to quell all opposition which would deal it mortal blows. We build insane asylums and incarcerate madmen for the protection of the lives of their families and others; but here we find a nation giving the stamp of legality to a traffic which is daily so maddening its slaves that they are murdering the innocent and defenseless. We imprison thieves that society may be protected; but here is a traffic, licensed by a Christian nation, which takes from thousands of lives every gleam of hope and happiness, clothing bodies in rags and minds in perpetual fear. If the

saloon cursed only its victims, the case would be different; but it is the gloved hand behind the automatic victim which is responsible for a large proportion of the crimes against the innocent, yearly committed.

Treatment of Erysipelas. Dr. J. H. Ball writes to the *Clinique* of St. Louis that he regards both quinine and iron as of unlimited therapeutic value in the treatment of erysipelas. But how should the local inflammation be treated? By flaxvine or cranberry poultices. If these cannot be obtained then substitute fresh tomatoes. By means of these poultices the inflammation is often controlled in from twelve to twenty-four hours; the constitutional disturbances are thereby lessened, and the sufferings of the patient greatly relieved.

Over-Pressure in Children. Dr. J. A. Diggle of London writes to the *Hospital Gazette* that it is a great wrong to push children in each grade, *pari passu*, with all the others, passing all together, if possible, into the grade above at each annual examination. The strife to keep up with the class often produces serious trouble. He records a number of cases where such effort resulted in much brain mischief, hot head, high temperature, thirst, vomiting, etc. The treatment consisted in applying the ice-bag to the head, and the administration of bromidia. To a child five or six years of age, he gives five drops of the bromidia every two hours until the head symptoms are relieved. Parents should watch the effect of school work on their children more carefully.

Europhen. Europhen-Aristol. Dr. John V. Shoemaker has just concluded an exhaustive study of Europhen in order to give it a proper place in surgical therapeutics. He regards Europhen of the highest value in incised, contused and lacerated wounds, the surface being maintained in a dry and aseptic condition by the simple application of the adherent Europhen powder. In ulcerations the same good effects were observed. In erysipelas it is very valuable, used as an ointment, ten to twenty grains to the ounce. Eczema of the hands and feet was promptly cured by Europhen-Aristol. As a harmless and agreeable dressing it is well adapted to gynæcological practice, and in the diseases of children. An efficacious ointment is made in the proportion of one drachm of Europhen to the ounce of fat.

Painful Menstruation. We are in receipt of a reprint from the *Medical Mirror* of an article by the editor, Dr. I. N. Love, on painful menstruation in virgins. There are cases of painful or difficult menstruation, particularly in virgins, which seriously burden the conscientious physician. Many such have come under the writer's observation, and he has always felt that every general therapeutic means should be exhausted before local measures should be instituted; in fact, in nearly all cases, special treatment should be avoided with young girls. Dr. Love now prescribes tablets of ponca, one tablet every four hours. The tablets are known as ponca compound tablets; and consist of ponca, mitchella repens, caulophyllin, helonin and viburnin.

Incipient Cataract. Dr. Edward Jackson, professor of diseases of the eye in the Philadelphia polyclinic, says that the generally accepted view that nothing can be done for incipient cataract is certainly incorrect. The conditions that tend to produce opacity in the lens are certainly, to some extent, amenable to treatment. Even opacities of certain kinds that have already developed sometimes show a tendency to diminish. At any rate there is good reason to hope that the progress of the disease may be held in check where it is. This can be done in a certain proportion of cases, but not in all. Eyes in which cataract is progressing rapidly are usually affected with opacity of the vitreous; or choroidal irritation or inflammation, conditions which are known to be amenable to treatment, to some extent. The removal of these conditions often brings about a notable improvement in vision. As the lens derives its nutritive supply from the choroid, so treatment is to be directed to improving choroidal nutrition. First, avoid all eye-strain, by

use of proper glasses, and by enforced systematic abstinence from close eye-work, as reading. Then protect the eyes from exposure to excess of light and heat; and, beyond this, rely on those things which will improve the general nutrition. Cure any dyspepsia; aid increased excretion; abundant sleep; freedom from worry; all these are valuable helps. These ocular troubles usually appear and develop during some period of especial ill health. Applications to the eye and manipulations of the eye are useless for the specific removal of cataract. The article is found in the September number of the Philadelphia *Polyclinic*.

The Brooklyn Medical Journal.

The *Brooklyn Medical Journal* has shown an unusual degree of enterprise in issuing an extra edition of September 10th. This consists of 40 pages of solid reading matter, the same being a stenographic report of a special meeting of the Kings County Medical Society. This society held a special meeting on September 3d, to discuss the question of cholera. There are twelve papers on this subject, viewing it under all its various parts, from the bacteriological to the practical treatment. Papers are by Drs. Sternberg, Gihon, Bell, Bogart, Raymond and others.

Treatment of Cholera.

From the special edition just noted, we glean the following from the remarks of Dr. John A. McCorkle, Professor of Medicine in the Long Island College Hospital:

The first essential is rest—absolute rest. This is imperative. During the prevalence of cholera even a slight diarrhœa should receive prompt attention. Rest in the recumbent posture must be enjoined and the patient must not get out of bed to go to stool. In the premonitory stage we must control the intestinal effusion. Opium is the best remedy at our command. It may be combined with camphor and calomel, but, after all, opium is the sheet anchor. It may be given by the mouth in the form of morphia or laudanum, or morphia hypodermically. In the early stage, before vomiting and diarrhœa are excessive, morphia may be given dry on the tongue, for its local sedative action. The addition of atropia is valuable. When vomiting and diarrhœa are marked, time is precious, and opiates should be given in full doses and repeated until the desired effect is obtained. The combination of morphia grain one-fourth, and calomel grain one-half, administered *immediately* after vomiting will often give great relief. Prof. N. S. Davis, M. D., of Chicago speaks in the highest terms of the following prescription in the early stages of cholera:

℞ Acidi sulph. aromatic.....3iv
Magnes. sulph.....3iv
Tinct. opii.....3iv
Elixir. simplicis..... 3i
Aquæ..... .... 3i
Sig.—3i in a little water every 3, 4 or 6 hours according to the frequency of the evacuations

During the first stage the patient should take but little liquid. To allay the intense thirst, ice may be given freely.

The painful cramps are best relieved by seizing the muscles and holding them a moment until they relax. Friction, warmth, etc., are nearly useless for this painful condition.

In the second stage, or stage of collapse, opium is contra-indicated, as its effect on the circulation and respiration is akin to that produced by cholera. The hypodermic use of camphor—camphorated oil in the proportion of one to five—is here indicated as it is an excellent stimulant to the nervous system. Other arterial stimulants are ether, alcohol, etc. But the weight of authority is against the use of alcohol, and some observers of large experience condemn its use altogether. The chances of recovery from this stage are small. The value of remedies is confined almost wholly to the first stage.

Intrapelvic Inflammations.

Dr. L. S. McMurtry of Louisville, Ky., gives some sharp criticisms on those physicians who, in their efforts to relieve some comparatively trivial disorder, inflict on their patients a more serious malady.

First, it is an error to hold that, because a woman complains of pain in the back and headache at the menstrual period, she is the subject of some uterine or ovarian disease. Rest, a saline cathartic and a sitz bath will generally

give speedy relief. The routine practice of making elaborate examinations of young girls with speculum and sound, because of a dysmenorrhœa, is unjustifiable. It is more than an error; it is a grievous wrong. "When it is necessary to explore the pelvic organs in a young unmarried woman, she should be anæsthetized for that purpose." The uterine sound is not necessary for accurate diagnosis; it may be the bearer of infection; it often denudes the mucous membrane; and it may readily penetrate the uterine walls and pass into the abdominal walls. The dangers of the uterine sound were first brought out by Dr. William Warren Potter, in whose journal for September, the Buffalo *Medical and Surgical*, Dr. McMurtry's article appears.

Second, the writer strongly objects to such a general use of caustics and chemical solutions applied to the mucous surface of the cervix and body of the uterus. Such applications often convert mild forms of pelvic inflammation into serious and acute grades, while disease of the tubes and ovaries often dates its activity from such so-called conservative treatment. The intrauterine application of such remedies as iodine, nitrate of silver, carbolic acid, etc., is constantly fraught with danger.

Third, forcible dilatation of the cervix is often, and in the great majority of cases unnecessarily, practiced. In these modern days of cleanliness in surgery it is astonishing how any one can use such an offensive thing as a spongetent, yet with some it is a favorite instrument for dilating the cervical canal. So far as the steel instrument for dilating is concerned, it may serve a useful purpose as a preparatory step to the removal of pathological growths within the uterine cavity, but for nervous symptoms, dysmenorrhœa, sterility, etc., the operation has no place. Its persistent use is a common and prolific cause of disease of the uterine appendages.

Fourth, there is altogether too much trachelorraphy. While the appropriate application of Emmet's operation is most efficient and conservative, yet the writer knows of no operation which, misapplied, has done, and is now doing, so much mischief. It has been more more widely abused than any other operation in gynæcology.

Fifth, the curette has long been used for the removal of fungus growths from the endometrium. But why it should be employed in endometritis the writer cannot understand. The indiscriminate use of the curette, followed by applications of iodine, carbolic acid, etc., for simple catarrhal inflammation, has no scientific basis, and is often the cause of severe grades of inflammation of the tubes and ovaries.

Keeley's Reputation Injured! Mr. Keeley, as the *Medical Record* calls him, has just discovered that his reputation as a philanthropist is being injured. Therefore he brings suit against two well-known British journals, the *Lancet* and the *Medical Press and Circular*. The latter journal appears well pleased with the prospects of the suit, and says it will be a good opportunity to call attention to this attempt "to delude the victims of an unfortunate and degrading habit into filling the coffers of an enterprising syndicate."

Dr. Joseph Price's Laparotomies. In the Virginia *Medical Monthly* for September is an article of thirteen pages on Dr. Joseph Price's treatment of laparotomy patients, together with the substance of his remarks following an operation. First, a detailed description is given of the preparatory treatment of the patient, which consists, principally, of a liquid diet; thorough evacuation of the alimentary tract; and bichloride douches and alcohol baths. The ether is administered in the patient's own room and in her own bed. Then follows a description of necessary detail for each of several operations, together with the treatment given for various conditions, as flatulency, nausea, hemorrhage, etc. The pulse is carefully watched. When more than 100, a hypodermic of strychnia, gr. $\frac{1}{50}$th, is given; if over 120, a hypodermic of strychnia, gr. $\frac{1}{50}$th, and digitalin, $\frac{1}{100}$th, every four hours; if exceedingly feeble and rapid, look out for hermorrhage and give stimulants, rectal injections of whiskey, an ounce in half a cup of water or milk, every four hours.

No form of an opiate is allowed in the house, and under no circumstances is it given.

One is surprised even at the simplicity of the treatments, and yet, at the same time, astonished at their thoroughness. The result of all this, combined with the great skill of the operator, has made an almost phenomenal record. In about fifteen hundred sections the mortality has not been above three per cent. To show the mixed nature of cases constantly dealt with, the following list is given of one hundred successive laparotomies performed in Dr. Price's private hospital during eight months of last year: 39 ovariotomies; 4 large tumors; 36 pus cases; 3 ectopic pregnancies; 4 appendicitis; 2 porros; 9 hysterectomies; 2 freeing adhesions and 1 ventral hernia. This table includes the most desperate and neglected cases, many having been refused by a number of surgeons; some turned away from hospitals as incurables, and some were abandoned or incomplete operations. Yet there were only three deaths. Of these, two were hopeless when placed upon the operating table, while the third died from heart-clot sixteen days after the operation, not having before presented an unfavorable symptom.

Treatment of Chronic Endometritis.

The treatment of chronic endometritis has undergone most radical changes during the past few years, due largely to our present knowledge of the septic theory of inflammation. The new treatment consists in two things: first, the complete removal of the diseased tissue, and, second, thorough drainage. The first is accomplished by the use of Sims' sharp curette, and the second by packing the uterine cavity with iodoform gauze. In using the curette the cavity of the uterus should be scraped until "hard pan" is reached, or, until the curette gives a grating sound, what the French call the "uterine cry." There is no danger in this if pressure is applied only with the drawing motion of the curette. The uterine cavity is then douched with the bichloride solution, 1 to 5,000. After this, the uterus is packed with a strip of ten per cent iodoform gauze, one and one-half inches wide and two feet long. The gauze is previously dipped in the bichloride solution. A piece of gauze is placed in the vagina to carry the drainage to the vulva. The after treatment consists of rest in bed, and proper hygienic attention. The gauze is removed at the end of the fourth or fifth day and vaginal douches given twice a day so long as there is any discharge. The result of the operation is that a healthy mucous membrane takes the place of a hopelessly diseased one, the uterus is restored to a proper state of involution, and the pelvic circulation stimulated to healthy activity. In the dysmenorrhœa and sterility of young unmarried women this treatment gives prompt and complete relief. In no class of cases is its application more appropriate than in cases of incomplete abortion, when the whole or a part of the placenta is retained. Cases of puerperal septicæmia also find in this their most efficient treatment. Thus writes Dr. J. R. Goffe, lecturer in gynæcology in the New York Polyclinic. The article is in the September number of the *Virginia Medical Monthly.*

The Keeley Cure.

In the St. Louis *Medical and Surgical Journal* for September is an article by Dr. A. R. Haywood, describing his visit to the Keeley institute at Dwight, with an old friend and patient, who was anxious to try the cure. The trip was undertaken before Dr. Haywood was so well informed concerning Dr. Keeley and his methods of work. Upon approaching the institute building, the doctor saw about five hundred men standing in rank waiting to receive their dose of "shot." The authorities assured the doctor they could relieve his patient, so the latter remained and the former returned to his field of labor. In the meantime, Dr. Keeley returned from his trip abroad, and after examining this patient, said he could do such a person no good. The doctor was telegraphed to come and take his patient away. He says Dr. Keeley "manifested unmistakable eagerness to get rid of the case." Of course the patient was not benefited in any way.

In this same number of the *Journal* is an editorial on the subject. The ed-

itor says he has thus far refrained from saying anything on the subject because the entire matter was so fraudulent upon its face. He asks, "What becomes of the patients discharged as cured of the alcohol habit?" This he answers as follows: "They go forth imbeciles, insanes, or mental wrecks, in such a large proportion of cases as to elicit more than passing notice." The graduates seem to lose all self-respect, all shame, and glory in boasting of their former vice. The editor says he is informed by an eye-witness that "the assistants apply hypodermics to patients, one after another, without ever cleaning the needles of their syringes or using any precautions, and this in face of the fact that there were interspersed individuals having secondary syphilis in its most infectious stage, the eruption being thickly disseminated on that portion in which the mysterious liquid was injected." This editorial also informs us that a chartered educational institution has conferred the degree of LL.D. on this "philanthropist and benefactor of mankind!" While this bubble must soon burst, yet it has remained long enough already to make its proprietor a millionaire.

Pelvic Cellulitis.

Dr. Joseph Price thus speaks of the condition known as pelvic cellulitis: "About one hundred years ago, some man wrote up this condition of affairs and called it cellulitis—*pelvic cellulitis!* Up to this time, the disciples and followers of this wonderfully wise man of one hundred years ago, and, in fact, all aspirants to abdominal surgery, and writers of books on this subject, sit in their libraries, before a revolving bookstand, holding six books; and, after reading one chapter from each one of these six books upon this all-important and life-saving, or, sad to say, often life-destroying, subject of abdominal surgery, condenses his vast amount of knowledge—purely theoretical—into a perfectly new and original chapter, representing the same old story, but set to new music; then, regardless of what he may have learned, and demonstrated in the operating room, and from necropsies he calls it—pelvic cellulitis!

"That there is, and can be, no cellulitis and perimetritis, has been demonstrated by those men who operate upon finding an 'exudate' after making a vaginal examination."

Electricity in Pelvic Troubles.

On the use of electricity for pelvic troubles, Dr. Price says: "It is utterly incomprehensible how any sane man can advocate the use of electricity; it seems that it is only in such hidden regions as the pelvis that the electricians claim any resulting good from their treatment. Why not apply this all-powerful, this infallible and omnipotent curative effect of electricity to the resolution of abscesses found in the necks of strumous children? Certainly wealthy mothers would pay well, even handsome fees, to save their children from carrying through life such loathsome scars, not to mention the satisfaction of the operator upon curing his patient without the deformity resulting from the formation of a cicatrix."

Three Leading Antipyretics.

New Remedies for September consists almost wholly of an exhaustive report on antipyrine, phenacetine and phenocoll, from the Physiological Laboratory of the University of Pennsylvania. The conclusions are that the safest, for practical purposes, in reducing fever, is phenocoll. Phenacetine is slow and comparatively feeble as an antipyretic. Antipyrine has such an action on the heart that it is dangerous to use. Phenocoll is readily soluble, rapidly absorbed and promptly eliminated. Its power to reduce high temperatures is very decided and it does this without depressing the circulation.

Pepsin, by a recently discovered process, can be produced, each grain of which is capable of digesting 6,000 grains of coagulated egg-albumen. It is also free from septic contamination or other forms of decomposition. The advertisement of Sharp & Dohme tells of some of the recent advancements in the manufacture of this remedy. It seems from this that pepsin can be manufactured of almost any power.

Reviews.

AN AMERICAN TEXT BOOK OF SURGERY, for Practitioners and Students. Edited by William W. Keen, M. D., LL. D., Professor of the Principles of Surgery, Jefferson Medical College, and J. William White, M. D., Ph. D., Professor of Clinical Surgery, University of Pennsylvania. Sold by subscription only. Price in cloth, net, $7.00; in sheep, $8.00; in half Russia, $9.00. Profusely illustrated with over 500 figures and 37 plates. Pages, 1,200. Publisher, W. B. Saunders, 913 Walnut Street, Philadelphia. 1892.

This elegant work is written by thirteen authors who are actively engaged in teaching surgery in leading medical schools and hospitals. Philadelphia furnishes Profs. Burnett, Keen, Thomson and White. New York gives Dennis, Pilcher and Stinson. Chicago contributes Senn, and Buffalo gives Park.

While certain chapters were assigned to each of the authors, yet the entire book was submitted in proof-sheets to all of them for mutual criticism and revision. It may be truly said, therefore, that the work is the consensus of opinion of the surgeons who have joined in its preparation. Very many of the illustrations are entirely new, while the half-tone plates add much to the work both artistically and surgically.

We are especially pleased to see so many important surgical subjects treated in the modern light of asepsis and antisepsis. This is brought out prominently in the treatment of cerebral, spinal, abdominal and pelvic surgery. We believe we are correct in stating that this is the first complete work of reference on surgery, wholly written by American authors, that embodies all of the great advances so recently made in this science and art.

The first chapter of ten pages is devoted to surgical bacteriology, and is illustrated with three colored plates. The chapter following is a discussion of inflammation and is likewise finely illustrated. The author says, "inflammation is a disturbance of the mechanism of nutrition," and this, in our opinion, covers the ground fully as well as the more extended and complex descriptions of the process. These two chapters are especially interesting and instructive. As the work is sold only by subscription our readers will probably have an opportunity soon of examining it for themselves. We are sure then that they will agree with us that the work deserves none but the highest praise.

A PRACTICAL TREATISE ON DISEASES OF THE SKIN. By John V. Shoemaker, A. M., M. D., Professor of skin and venereal diseases in the medico-chirurgical college and hospital of Philadelphia. Second edition, revised and enlarged, with chromogravure plates and other illustrations. 880 pages. D. Appleton & Co., publishers. Price $5.00. 1892.

Here even in the study of dermatology do we find it necessary to keep pace with the rapid strides of the bacteriologist. The results of the study of bacteriology have given definite ideas concerning the cause of various maladies of the skin; while the effects of local antisepsis are now well understood. We have been given the most efficient bactericides and their influence in the various morbid conditions. We also notice a special section of the book devoted to the application of electricity. The important part played by the diet, in the production and treatment of cutaneous affections, is also fully considered. The improved methods of treating the eruptive fevers is also given. The chapter on syphilis has received many additions, especial attention being given to the various methods of hypodermic medication advocated in this disease. A review is given of the most recent literature upon the etiology of cancer, and an account of the constitutional effects of this disease. The treatment of lupus by tuberculine, as proven by the practical demonstrations of the author, is given. Last of all we notice that over one hundred pages are filled with formulæ, making between seven and eight hundred in all. These illustrate the therapeutic methods of eminent authorities at home and abroad. The chromogravure plates are strikingly realistic. The work is exhaustive and complete, and will surely meet with a generous reception from the profession.

A MANUAL OF OBSTETRICS. By A. F. A. King, A. M., M. D., Professor of Obstetrics and Diseases of Women and Children, in the Medical Department of Columbian University, Washington, D. C., and in the University of Vermont, etc. New (Fifth) Edition, in one handsome 12mo volume of 450 pages, with 150 illustrations. Cloth, $2.50. Lea Bros. & Co., publishers, 1892.

The author very modestly told us, in his preface to the first edition, that this manual was not intended to supplant the larger and more elaborate text-books of obstetrical science; but by its use the reader could be better prepared to understand and assimilate the extensive knowledge and classical descriptions contained in these exhaustive treatises. The reader is surprised, therefore, after

this frank statement, to find here such a complete exposition of the subject. So comprehensive a treatise could not be brought within the limits of a book of this size, were not two things especially true. First, Dr. King is a teacher of many years' experience, and knows just how to present his subjects in a manner for them to be best received; and, second, he can put his ideas in a clear and concise form. In other words, he knows how to use the English language. He gives us the plain truth, free from unnecessary ornamentation. Therefore, we say there are nine hundred pages of matter between the covers of this manual of four hundred and fifty pages. We cannot imagine a better manual for the hard-worked student; while its clean and practical teachings make it invaluable to the busy practitioner. The illustrations add much to the subject matter, while the paper, presswork and binding are in keeping with the reputation of the well-known publishing house of Lea Bros. & Co.

Reprints. Reports. Ophthalmological.

We are indebted to Dr. Swan M. Burnett of this city for a number of reprints and reports of his work as an author and ophthalmic surgeon. We have often remarked that the busiest men are the most likely to read the journals and to contribute to them. The standard works in medical literature today were written by men who had large private practices and heavy clinical and dispensary work. These thoughts come to us as we make note of the fact that Dr. Burnett has contributed over 170 articles for publication, notwithstanding the fact that, besides attending to a large private practice, he is director of the ophthalmological and otological clinic; ophthalmic and aural surgeon to the Garfield Hospital, and professor of ophthalmology and otology in the University of Georgetown.

REPRINTS, of articles contributed to medical literature, by J. H. Musser, M. D., assistant professor of clinical medicine, University of Pennsylvania.

There are eight of these reprints, consisting of papers contributed to various medical associations and medical journals.

REPRINTS, of three articles contributed to medical literature, by L. Harrison Mettler, A. M., M. D., of Chicago, Ill.

Letters to a Young Physician.

MY DEAR DOCTOR:—You are making another mistake in standing aloof from your professional acquaintances and refusing to join one of our medical societies. There are three or four good societies in the city and you should become an active member of one of them at once. Now is the time to take such a step, just as the work of the new year begins. First, you cannot fail to pick up some useful facts, and, second, the social part of the evening is one of its best returns. Remember, right here, that there is no "Allopathic" society in the city; we asked you to join the "Regular" body of men. There is an immense gulf between these two. I heard you ask a patient, "Well, what is the matter with you?" I saw his face redden as he curtly replied: "I'll give you two dollars to tell me." Better ask him of what he is complaining; at least, so it seems to me. And, my dear doctor, do not, I beseech you, continue longer to quote what Dr. Blank says or said about this and that trouble. Just as if all your knowledge came from him, and he was without a peer. If you have to rely upon others, better form a partnership and give to your partner all cases except those who can be relieved with some pleasant placebo. You have one grave fault which you should strive hard to correct. You give the names of your patients. Did you know that one of the names you gave as "one of my best families" was even at that time a daily visitor to the office of a professional friend of mine? He was no longer yours, and was even displeased with you because you told to him the names of so many families you were attending. Again, do not promise a cure. I have never done it and nothing would induce me to do so. Tell your patient what, in your opinion, might be done, what you will endeavor to do, and even what you have done in similar cases, but do not guarantee a cure. It is unprofessional to do so, and, sooner or later, will cause mutual disappointment.

Very sincerely yours,

THE REVIEW.

THE
NATIONAL MEDICAL REVIEW.

VOL. I. WASHINGTON, NOVEMBER, 1892. No. 9.

THE EDITOR'S TABLE.

The Medical Society.

The meetings of the Medical Society of this city start off with fine prospects for a most profitable and enjoyable year's work. There were about seventy present at the first regular meeting to listen to the essay by Dr. Pool. The other meetings of the month have been well attended and a good social spirit universally manifested.

Opening Address, Columbian University.

The address at the opening of the seventy-first session of the Medical Department of the Columbian University was given by Professor D. W. Prentiss. From the many good things said we note the following: "No profession nor avocation in life aims higher, accomplishes more good to fellow men or deserves better of humanity than that of medicine. So great is the frequency with which suffering is relieved, and even life itself saved, by the timely interposition of the skilled physician, that the service rendered is overlooked by the common mind as a consequence naturally to be expected." "The physician saves life quite as certainly as does he who rescues the drowning from a watery grave, or snatches a child from under the feet of trampling horses. Yet how different is the reception accorded to the deliverance in the two cases. In the latter instances, the preserver receives protestations of undying obligation, and the deed is heralded in the papers of the day as an act of highly commendable heroism. When you have achieved the honorable aim of your ambition, and are launched out in your career, it will be your privilege, continually, to save life in the practice of your regular work; but you may not expect public recognition of the same, nor indeed will you often be cheered by private acknowledgment of the services rendered. But you will not be without your reward. A quiet conscience of duty well performed; a high standing in the community; the respect and confidence of your neighbors, and an assured support—these are the encouragements to look forward to." After giving some good advice to both old and new students, the speaker discussed the close relationship existing between the fundamental branches of medicine. None of these are dry and uninteresting when considered in their practical bearing upon future usefulness. The address closed with a most beautiful and touching eulogy on the life and services of Professor Fristoe, whom Professor Prentiss had known for thirty-five years.

The Life and Services of Prof. Fristoe.

From the address by Dr. D. W. Prentiss, noticed above, we learn that Professor Fristoe was Professor of Chemistry and Toxicology in the Medical Department of Columbian University for twen-

ty-one years. He was also, at the same time, Professor of General and Analytical Chemistry in the Corcoran Scientific School and dean of the faculty, and Professor of Physics and Natural History in the Collegiate Department. Besides all this, he was constantly doing work in analytical chemistry, and instructing private classes in the laboratory. His vivacious manner made him a pleasant companion and gave him the appearance of being a much younger man than he really was. Dr. Prentiss says he was the youngest looking man of his age that he has ever known. Only two days before his death, after the death of his mother, Professor Fristoe said: "My mother lived to be ninety-two years of age; I shall live to be a hundred." Yet within forty-eight hours he, too, had gone to his reward. "A vivacious temperament, excellent memory and ready wit, combined with a generous spirit, made him socially one of the best of men." "His fidelity to his friends was one of the most beautiful traits in a character as beautiful as man could possess."

Professor Fristoe's death was caused by sunstroke. When he returned from the burial of his mother he complained of feeling badly. During the night an unusual noise was heard in his room and he was found unconscious.

Of him it can be truly said: "He was an upright, honest man in the loftiest sense of the term. He was a good citizen, faithful in the discharge of his duties to society. He was a true friend to all those who enjoyed the privilege of his friendship. He was a trusted, trustworthy teacher."

Death of Dr. J. H. Douglass

The death of Dr. Douglass occurred in this city on the morning of October 3d. For over two years he had lived with his son-in-law, Rev. Dr. Alfred Harding, of 2323 Pennsylvania Avenue. About two and a half years ago he was stricken with paralysis, and about two weeks before his death a second attack occurred. Dr. Douglass resided in New York City over forty years and had a large practice as one of the leading throat specialists. It was upon the indorsement of Dr. Fordyce Barker that Dr. Douglass became the attendant physician to General Grant through all his lingering illness. To better meet the demands of this case, the doctor neglected all cases, devoting himself entirely to his distinguished patient. Immediately after the death of General Grant, Dr. Douglas' health gave way; and after extensive travel failed to gain relief he returned to New York, where the first stroke of paralysis occurred. It is a sad comment on the Reward for Deeds well done, that after a physician has had as his patients three such distinguished generals as McClellan, Rawlins and Grant; and after he has given such devotion to one of these that it is a fact of common recognition, it should all result in broken health, lost practice, expenditure of a legitimately earned property, and death. But we are proud to belong to a profession which counts nothing too dear to sacrifice for the good of our fellow men.

Prominent Physicians in New York.

Agreeable to promise the *Doctors' Weekly* is well under way in its new enterprise of publishing the photographs of eminent New York physicians and surgeons. Brief sketches accompany the illustrations. Of course they are, without exception, exceedingly good looking men, while the sketches of their lives make very interesting reading. But the doubt arises in our minds, when will the editor, Dr. King, find his task completed? Take our own city, for instance:

We have here about five hundred "eminent" physicians and surgeons. At least we would have no difficulty in proving each one eminent by a good array of witnesses. For does not each patient think his or her doctor the most skilled of all? And even among the profession itself, would it not be quite impossible to decide the question? Unless Dr. King intends to publish sketches of *all* the regular physicians in New York, he can give satisfaction only by the full exercise of the most gigantic discretionary power.

Protective Collection Agency.

This new organization appears to be flourishing in our midst like a green bay tree. All you have to do is to sign a contract; pay a little fee; get business; press the button, and the agency does the rest. A representative of this bureau informed us, at his second visit, that only one other physician of all those who had been asked, had refused to join. This one other solitary exception was a physician who was in office, did not practice and had no use for their services. Therefore it seems that we, of "hundreds of physicians," are alone out in the cold. It is sad thus to be obliged to set up an opinion against the unanimous judgment of the profession of a whole city! We are informed that some of the physicians—their names were given—have agreed not to collect a single bill, but will place all their business in the hands of this bureau. As one of the men named is known to have a very large and select business, this will be quite a send-off for the new enterprise. We have seen the time when we might have been eager to grasp this rare opportunity, joined the crowd, and get in on the ground floor early. But it was many, many years ago, before our calvaria had begun to lose its luxurious growth; and before it was so easy there to demonstrate the outlines of the parietal suture!

Too Much Like Keeley.

We do not like the way in which Dr. W. R. Amick brings his "Chemical Cure of Consumption" before the profession. Dr. Amick is professor of ophthalmology in the Cincinnati College of Medicine and has contributed freely to the Cincinnati *Lancet-Clinic*. But we protest against the style of his literature. It is altogether too much like that of Dr. Keeley. The discourse on consumption is most vague and unsatisfactory. Here is a specimen: "Pulmonary consumption is a disease which invades the lungs because the oxidizing elements of the body have been changed, reduced, or do not exist in the proper quantity and quality. A deficiency in these elements means a decrease in oxidation, and this lowers vital action and lessens organic metamorphosis. The protoplasm is not sufficiently oxidized to take on higher vital action or to be disintegrated previous to excretion." Not a word about the tubercle bacilli. In fact, we have looked over a number of "cases of consumption cured by this treatment," and in not a single one was the diagnosis verified by the presence of the bacilli in the sputa.

Altogether too Keeleyish.

But look at the advertisement of this cure. It begins at the top of the page, "MARVELOUSLY SUCCESSFUL." Then we read: "A thoroughly reliable treatment and absolute cure for Consumption, Asthma, Chronic Bronchitis, Tubercular Laryngitis, Catarrh and Hay Fever." Think of it! An *absolute cure* for consumption and tubercular laryngitis!! What is to become of us when "many cases can be virtually cured in ten to thirty days." No more coughs

or coffins, for "the medicines for this wonderfully successful treatment may now be obtained by all physicians." We do not believe in "absolute cures," and have not one particle of faith in such "cures" for the diseases mentioned. But there is gold in it! Ah, there's the rub. "Twelve thousand cases now under treatment." Here is the secret. No wonder "The Amick Chemical Company" can afford to take *seventeen pages* of advertising in such journals as the *Maryland Medical Journal* of our neighboring city. And this leads us to remark that we regret very much that such is the fact.

We Protest Against it. We most indignantly protest against such statements, even if emanating from a "professor," and indorsed by any number of M. D.'s. We declare we are not devoid of understanding, and we know something of the pathology of lung affections. No man or company of men can thrust down the throats of an intelligent profession such unethical and unsound doctrines. Drs. Gibbs and Shurley told us freely of all their hopes and fears, their successes and failures. They invited investigation and kept nothing to themselves. They virtually said that if they had discovered anything of value to the human race, then the profession should dispense that prize at every opportunity. They told us their remedies and even how to make them. Is this the case with Dr. Amick? No, indeed. There is a mystery about it. We know nothing of the remedies whatever. How long will our profession tolerate this kind of a performance?

Gift to the Medical Society. Dr. William Gray Palmer has presented his library of two hundred bound volumes and one hundred journals to the Medical Society of this city.

Prosperity of Our Medical Colleges. We have asked the deans of our medical schools to furnish us with any data of interest, showing the prosperity of their colleges. In reply we have received the following:

Columbian University.—Dr. A. F. A. King, the Dean of the Medical Department of this University, says that the college begins its winter course with a larger class than that of any session during the whole seventy-one years of its existence. Although the Faculty has extended the course to seven months, and added considerably to the laboratory apparatus, the increase of students is more than was expected by the college authorities, for the reason, among others, that the fourth year of an "administration" is usually a so-called "off" year, many students who are in Government employ reserving their funds to meet the emergency of a possible dismissal in case the political complexion of the Government should undergo a change. With the *first* year of an administration the student clerks feel more secure, and the medical colleges usually enjoy a "boom" in numbers. Should this take place to any great extent next year, the college will be obliged either to enlarge its lecture rooms or cut down its numbers by increasing the tuition fees. The seating capacity is only at present a little over two hundred, and the total number of students, including the dental class, already approaches that number, and will almost certainly reach it by the end of the term.

The Dental School, which began only six years ago, has already a class of nearly forty students.

Georgetown University.—The Medical Department of the University opened its course of lectures on October 3d, with the largest class in the history of

the institution. There are now in attendance over one hundred regular students, besides a number who are taking special courses. This medical college has made some large strides recently in many directions, and especially in fostering and advancing practical laboratory and clinical work. Each year since the erection of the new building the Faculty have endeavored to improve the laboratories, so that to-day they feel warranted in announcing the fact that complete practical instruction can be given in anatomy, chemistry, histology, pathology, toxicology and bacteriology in laboratories fully equipped with the most modern appliances, including an ample number of high-power microscopes for bacteriological investigation. The professors have associated with themselves a competent and full corps of demonstrators, so that the students may derive the benefit of the facilities afforded. This work is obligatory, as well as attendance upon clinics. The clinical instruction is now an important feature in the curriculum. Advantage is taken for this purpose of the great opportunities afforded by the various hospitals and dispensaries. These advantages, coupled with the privileges granted to students at the Government museums and libraries by a recent act of Congress, will serve to continue the prosperity which now seems to be so firmly established. That this has been appreciated is proved by the large attendance of non-resident pupils. Dr. G. L. Magruder is the Dean and Treasurer.

Howard University.—Dr. C. B. Purvis, the Dean of the Medical Department of this University, says that last year they had 112 medical students; 7 dental, and 17 pharmaceutical. This year the medical class will be slightly larger; the pharmaceutical class about the same, and the dental class one less. Three ladies are in attendance. Last year there were 300 surgical operations, and the seniors had the advantage of 226 obstetrical cases. Senior students are required to serve an apprenticeship in the dispensary to familiarize themselves with the drugs and prescription writing. An operating amphitheater is being completed that will accommodate 200 students, and afford additional rooms for dental and histological laboratories.

National University.—Dr. H. H. Barker, the Dean of the Medical Department of this University, says that this is the ninth session of their school. During the session of 1891–92 there were registered 42 men and 3 women. Thus far this year there are registered 56 men and 14 women.

In addition to the 70 above mentioned, 13 men and 1 woman who attended a partial course last year, but who were not advanced, have so far failed to return. One man has gone to another school. If the 14 above mentioned be added to the 70, it will give a total number of matriculants of 84.

Women were admitted for the first time October, 1889. During the following session there was one woman who graduated May, 1892.

In 1891–92 there were 3 women, while at present (1892–93) there are 14.

As showing the class of women who are studying at this school I would state that two of them are now teaching in the Public Schools; three others have been teachers; two others are college matriculants; one is a graduate of the High School; one is a trained nurse; one is the wife of a physician; three are daughters of physicians; one is a clerk in one of the Departments.

Of the male students only about one-half are in the Departments. Owing to the large percentage of students in this school who devote their time exclusively

to their studies—and their number is increasing—the faculty have in contemplation the establishment, at an early day, of a day class in addition to the evening class.

A new chemical laboratory, donated to the school by two students (a man and wife), has been added since the opening of the last session.

An additional Clinical Professor has been added to the Faculty. In order to accommodate the female students two ladies have been added to the corps of teachers, one of them, Dr. Gallagher, as Demonstrator of Obstetrics, and the other, Dr. Morrison, as an Assistant Demonstrator of Anatomy. Anatomical material has already been furnished in sufficient quantities to enable four classes to begin dissecting during the first week of the session.

Be Consistent.

One of our exchanges has frequent attacks of brightness, whereby it endeavors to give its readers sound advice in short sentences. On one page we read, "It never takes a fool but a few minutes to tell all he knows." On the next page, just over the leaf, we read again, "None preaches better than the ant, and she says nothing." If one of the most intelligent of the lower animals says nothing, and if a fool can tell all he knows in a minute, what is a poor mortal of an editor to do? As there is not a single editorial in this number of the journal referred to, we shall be obliged to class its editor with "one of the most intelligent of the lower animals."

Prize Essays. Alcohol and Disease.

The American Medical Temperance Association, through the kindness of J. H. Kellogg, M. D., of Battle Creek, Mich., offers the following prizes: 1st. One hundred dollars for the best essay "On the Physical Action of Alcohol, based on Original Research and Experiment." 2d. One hundred dollars for the best essay "On the Non-Alcoholic Treatment of Disease." These essays must be sent to the Secretary of the Committee, Dr. Crothers, Hartford, Conn., on or before May 1, 1893. They should be in typewriting, with the author's name in a sealed envelope, with motto to distinguish it. The report of the committee will be announced at the annual meeting at Milwaukee, Wis., in June, 1893, and the successful essays read. These essays will be the property of the Association and will be published at the discretion of the committee. All essays are to be scientific, and without restrictions as to length, and limited to physicians of this country. Address all inquiries to T. D. Crothers, M. D., Hartford, Conn.

Specialism.

No one ever sets out to overthrow his own business. Therefore it is not likely the editor of the REVIEW will condemn every man who engages in some special line of work. But we shall earnestly continue to oppose any special work which may result in making us lose our balance as physicians. That specialists in certain branches are necessary we all admit, but what we object to is the growing tendency among our recent graduates to engage in some special line of work immediately upon graduation. Even before he graduates the new specialist has already chosen his field. He is at once an oculist, an obstetrician, and, above all, a gynecologist. No, even the latter will not do, for why be annoyed with the minor details of such work? So he plunges at once *in medias res*, and elects abdominal surgery as his field. In an article in the Philadelphia *Medical and Surgical Reporter* for October 1st, Dr. Joseph Price calls these new specialists "mushroom

growths, embryo products of our modern schools." He puts the case very clearly when he says: "It is a growing opinion that the specialist should for some years be a general practitioner, and that then by predilection for some individual organ or part of the body he should take up that as his specialty."

False Claims to Specialism.

But there are altogether too many men who claim to devote their entire time to some special work, and yet show the greatest avidity for everything that comes within their grasp. This was well illustrated at the last meeting of the Medical Association of this city, when a name was—unfavorably—reported for membership. The report said the doctor was "a *specialist* on the eye, ear, nose, throat and lungs, and *attended to general practice.*" This was enough to give him an adverse vote in itself; while his business relations with a professional relative, who uses the daily papers freely, did not add much to his standing! The case looks very much to us as if the Uncle hoped to bolster himself up on the professional standing of his namesake. But the "professional standing" is not forthcoming, and our visitors from the classic city had better return thither, while the lamp holds out to burn.

Too Many Specialists.

But there need be no fear of there ever being too many specialists, even in the apparently crowded field of gynecology. There is an old law, the survival of the fittest, and only the fittest can survive in these days of sharp competition and superior advantages. The poor operator is soon discovered and the sequel of his work soon brings him to his proper level. When it becomes more generally understood that the "large fees" of the specialist are largely imaginative, and that to obtain them the operator must be pre-eminently expert, then the seeker after "quick riches" will enter other fields.

Who Shall Have the Honors?

To our thinking, that general practitioner who early discovers the pathological condition in time for the remedy to be applied, is entitled to share the honors with the one who applies the remedy and effects the cure. How true is this in pelvic diseases. He who early discovers those troubles which demand operative interference is indeed most skilled. So is he who later carries out to a successful issue these operative demands. By an early and accurate diagnosis the general practitioner has saved his patient months and years of suffering, and, in fact, is the medium through which her very life is saved. Shall not he share the honors with him who performs the brilliant operation?

Adulterated Foods.

According to recent estimates of United States experts, one-seventh of the whole food supply of this country is adulterated. This seems like a very large estimate and hardly to be borne out by the facts, yet the announcement comes from the very highest source and we must accept its accuracy. This fraud against property is estimated to amount annually to $700,000,000. Some interesting questions arise in this connection. For instance, shall it be declared a crime to adulterate an article, when, by such adulteration, the article is much improved? The Government report says that black pepper is very generally adulterated—nine out of thirteen samples analyzed in Connecticut. Yet if the adulterated black pepper consists of buckwheat flour, for bulk; charcoal, for color; and a trifle of red pepper, for the flavor, where is the harm? Such a mixture is far preferable to a pure black

pepper. An adulteration of cheese with cottonseed oil or skimmed milk, or even a little oleomargarine can work no particular harm; and yet "no article of ordinary consumption is more generally adulterated." The adulteration of ground coffee with ground pease, beans, chicory, corn or rye is not only free from danger, but may even be useful, in that the effects of too strong coffee on the system may thus be prevented. "Ground horse-radish is adulterated with turnips," another instance where the adulterant lessens the possible harm of the article adulterated. We are informed that it is even difficult to purchase in any store a pure article of honey. This may be true in the case of our cities, but in the country we believe it would be as difficult to purchase an impure article. Our spices and sweetmeats are likely to be adulterated, and, sometimes, injuriously so. But we need not fear an adulteration of the meats and vegetables purchased in the market! Let us eat and drink, fearing neither the poisonous adulterants nor the destroying bacteria; otherwise life will become a burden.

Columbus and the Indian.

One of the New York dailies asks in an editorial what Columbus ever did for the Indians. "What do the Indians owe Columbus?" Why should they march in the procession at the great New York celebration? The spectacle of the original owners of the land receding with hard-fought steps before the advancing and superior race thrills the writer with righteous indignation. He calls upon his readers to peruse again that fascinating work of Helen Hunt Jackson, "Four Centuries of Dishonor." Very well and very good, we say. In reply we will ask this editor to read some books also. Read first "Christopher Columbus," by Justin Winsor. Then read the two volumes of "The Discovery of America," by John Fiske. These are just from the press, and, if thoughtfully read, will fully answer the question, "What do the Indians owe Columbus?" With all their possessions and with all the riches and wisdom of the days of Montezuma, they were extremely cruel, their women were degraded, they practiced cannibalism, human life was freely offered to the gods, women were buried alive with their dead husbands, and the most revolting and horrible deeds were committed. Contrast the Indian of to-day with the one who lived prior to the "four centuries of dishonor." Barbarism is being replaced by the home. What did Columbus do for the Indian? He brought him civilization, and, to a certain degree, the gift has been accepted.

Addresses by Dr. D. W. Prentiss.

At our request, we have obtained from Dr. D. W. Prentiss the manuscripts of two addresses recently delivered by him. The first address contains advice to young men about to engage in the active work of the profession. The second consists largely of an eulogy on the life of Prof. Fristoe. The addresses will be issued from this office and will be sold for ten cents each.

MY HEART IS SAD TO-NIGHT.

My heart is sad to-night; sing me the dear old songs
Just as my sainted mother soothed me oft to rest
When I, a sinless babe, lay quiet on her breast—
(Would I were pure as then) my heart is sad to-night.

My heart is sad to-night; let others come and go,
Stay thou and comfort me; nay, shed not bitter tears,
For thy sweet presence drives away the gloomy fears
That trouble my sick brain; my heart is sad to-night.

My heart is sad to-night; with kisses warm and sweet
Smooth thou from off my brow the furrows anguish made.
Ah! leave me not alone when evening shadows fade
In deepening darkness; my heart is sad to-night.

My heart is sad to-night. Dearest, when I am gone
Remember not my faults, nor errors I have done.
What mortal has not erred that dwells beneath the sun?
Think thou upon my love; my heart is sad to-night.

—*Robert Reyburn, M. D., in the Washington Post.*

THE PROGRESS OF MEDICINE.

Amputation of the Tongue.

James Brooke, age thirteen years, residence St. Johns, Kans., was admitted to the Citizens' Hospital Sept. 17, 1892. He was brought in by his father, at the request of several citizens, and the following history given:

At the age of one year a lump was observed at the apex of the tongue which assumed the condition of what the father described as a blood blister and which he punctured with a needle, evacuating about a teaspoonful of bloody serum. This healed up apparently, but left a lump which continued to increase in size, spreading backward to a line with the first molars, and laterally expanding, distending the lips so as to increase the angle and cause the mouth to assume an almost semicircular line. Then the anterior enlargement commenced, and continued to increase up to the time of admission.

The examination, when brought in, revealed, in my opinion, a hyperthrophic growth of the tongue, everything showing nonmalignancy, and subsequent examination revealing the positiveness of our diagnosis in that respect. The little fellow was kept in the Hospital and put on tonic treatment of iron and quinine with a dose of 1–120th of atropia at bedtime to relieve the excessive salivary secretion, which was very profuse. This treatment had a very good result, as from an anemic condition which existed when first admitted he regained color and strength, and a very pronounced diminution of the secretions of the mouth.

On the 22d day of September he was placed on the table and thoroughly anesthetized with chloroform. A measurement of the organ protuding showed a distance of six and a quarter inches from the lips to the end of the growth, two and a half inches in depth and thickness, and four inches across, or from side to side. The weight by lifting with the hand was approximately judged at about three-quarters of a pound.

A strong wire was passed through the center of the tongue about a sixteenth of an inch posterior to the line of the incision, and held firmly by an assistant who drew the organ as far forward as possible. Everything being ready and the patient thoroughly under the influence of the anesthetic, I made a semicircular incision over the dorsum about half way through. With the blade of the knife turned backward I then rapidly cut through the under surface and removed the growth. The hemorrhage was appalling for a moment, but the bleeding vessels were soon secured, the mouth and throat well washed out and about eight interrupted sutures of silk, medium size, applied. By this operation I succeeded in making an anterior and posterior, or top and bottom flap, short ones it is true, but serving the purpose admirably. The V-shaped operation, as was first suggested, was shown to be out of the question, as the thickness of the organ and the necessity to go so far back would have rendered such an operation impracticable. On the third day union was almost complete; on the sixth day all sutures were removed, and on the seventh day the artery ligatures came away without traction in the least. No untoward symptoms manifested themselves, and, barring a puffy swelling about the margin of the incision, which rapidly declined after the removal of the sutures, recovery was thorough and rapid. The boy was discharged on the twenty-first day after the operation, perfectly cured.

Six days before discharge he was taken to the Dental College, where Drs. Hall, Lewis and others, cleaned and partially straightened the lower teeth, which had been forced forward by the growth and became crusted with salivary calculi. This was skillfully removed, and when he left he could close his lips tightly and with ease, and was perfectly satisfied and happy. He was photographed both before and after the operation and the pictures will show the condition plainly.

I have endeavored to describe this boy's case in as simple a manner as possible. I do not claim any originality in this operation, except in, perhaps, the method may differ from others of a like character. Neither do I claim the exercise of any great skill in its performance. I did no more than anyone else. The case was before me; something had to be done, as the growth had a tendency backward and would soon suffocate him. Another incentive was that eighteen or twenty Western surgeons had examined him and pronounced an operation out of the question, as he would possibly succumb to fatal hemorrhage, and that it would be impossible to control the bleeding. I had no difficulty whatever. It was true the hemorrhage was terrific for a moment, but there were cool heads and young heads at that, who aided me, and their efforts were crowned with the greatest success. Drs. Atkinson, Poole, Eliot, McKinnie, Neal, Mohun and several others were the members of the staff, who aided so materially in making what would have been otherwise a serious and dangerous operation, a pronounced and wondrous success. To them all thanks are due, as without their promptness and a display of rare skill, disaster might have resulted to the little patient who so confidingly put his young life in our hands. Success has crowned our efforts and to-day the boy left for his far-off home content and happy in the consciousness of a new lease on life.

HAMILTON E. LEACH, M. D.,
Late Surgeon-in-charge Citizens' Hospital, Washington, D. C.

Vaccination. Dr. B. G. Pool.

At the meeting of the Medical Society of this city for October 12th, Dr. B. G. Pool read the essay for the month, on Vaccination. The following is a brief synopsis of the paper: During the last century about seventy persons in every hundred had smallpox. Nearly ten per cent of deaths from all causes were due to variola; while at the present day, where vaccination is regularly practiced the proportion has fallen to 0.7 of one per cent.

Bovine virus has to recommend it: (1) convenience and certainty of supply; (2) popular favor on account of its freedom from danger of transmitting other diseases peculiar to mankind. Human virus has—(1) promptness and uniformity of action; (2) mild, local and constitutional symptoms; (3) facility of propagation by every physician for himself, whereby he may be assured of the character of the material he is using.

Choice of virus.—Endeavor to vaccinate with liquid lymph directly from arm to arm. Never take lymph from cases of revaccination. Take lymph from subjects, preferably infants or children, who are in good health and have a good family history. Take lymph only from well characterized, uninjured vesicles, and when the vesicles are fully formed and plump, that is, from the fifth to the eighth day. The lymph should be perfectly clear and transparent, but not thin and watery; never squeeze, scrape or drain a vesicle.

Causes of failure to protect.—(1) insusceptibility. There are a few individuals who cannot be brought under the influence of the vaccine virus; (2) persons suffering from certain eruptive disorders may be rendered insusceptible; (3) the matter may have been taken from a spurious sore, or too late from the true sore.

Causes of unusual severity.—A large number of vesicles may be produced; an unfavorable part of the body may be affected; or deep structures may be wounded. Spurious, vitiated or contaminated virus is also a cause.

Reasons for revaccination.—(1) the uncertainty of the previous inoculation being with genuine cowpox virus; (2) whether the previous affection was local or constitutional; (3) whether the individual has since acquired susceptibility. Revaccination is the only practicable method of distinguishing those vaccinated persons who remain protected from those who do not.

Discussion of Dr. Pool's Paper.

Dr. C. W. Brown said he had never seen any ill effects from the use of bovine virus, but had from the human virus. He had vaccinated 900 men in the New York State Reformatory. In 800 there were signs of previous vaccination; 10 per cent of these had the characteristic

symptoms from the use of bovine virus, while the others had variable signs; of the 100 not previously vaccinated 80 per cent took at first and the others to subsequent inoculation. About two years ago he vaccinated 600 railroad men with about the same results.

Dr. Reyburn said he had been greatly disappointed in the points furnished by a local firm. He thought the General Government should have supervision over all vaccine stations.

Dr. Prentiss said that he had been informed that certain so-called schools of medicine did not believe in vaccination but claimed to protect against smallpox by administering the virus in attenuated doses.

Sexual Perversion. Irving C. Rosse. At the meeting of District Medical Society for October 19th, Dr. Rosse gave a paper on Sexual Perversion. The paper was limited to the consideration of the maneuvers of either sex to produce venereal orgasm independently of the condition of normal coitus, and generally known as genital abuse. As many of the lower beings in the zoölogical scale show virtues having analogy to those of man, we must expect to find parallel vices. Unnatural crime exists under all latitudes. It extends from the prehistoric time of the troglodytes up to Hippocrates, who stigmatizes it in his oath, and from his time to the present. Dr. Rosse has observed common instances of sexual perversion in dogs and turkeys; and related an incident concerning the elephants in the zoölogical gardens. Bestiality has probably existed from all time. A quotation from Plutarch would seem to show that animal and individual relations of a culpable nature were widespread in the Latin Empire. In our day these crimes are less present, but far from rare in the large cities; although Dr. Pouillet, in France, says that there are but few villages where the degradation does not exist among the inhabitants. Dr. Rosse mentioned a number of instances of sexual perversion which had come to his knowledge from reliable sources. It may be said that inversions of the generic instinct have and do exist among all people, and that numerous cases may be collated from current medical literature and from the archives of criminal anthropology and penal science. From a judge of the police court, Dr. Rosse learned that frequent delinquents of this kind have been taken by the police in the very commission of the crime. Men of this class give the police far more trouble than the prostitutes. Under the very shadow of the White House, in Lafayette Square alone, only of late, eighteen arrests have been made in which the culprits were taken *in flagrante delicto.*

The question of sexual perversion is one of social hygiene, touching mental pathology in many points. Physicians and lawyers should understand this subject better, as they may be consulted to pass upon the mental state and responsibility of an individual, and to determine whether a certain act is the result of an unsound mind, or merely one of a libidinous nature. So much obscene matter comes to the Dead Letter Office that women clerks are prohibited from opening the mail. Drink has never destroyed a nation; but luxury and unbridled lust have many times. Toward the epoch of puberty let there be systematic cultivation of the function of self-control. As an adjuvant to this nothing is better than gymnastic and athletic training. Daily excessive muscular expenditure carried to the point of lassitude is a powerful and constant derivative to generic irritability. It strengthens the will and gives energy to resist the startling and suggestive impressions of an imagination gone astray.

Discussion of Dr. Rosse's Paper. The President, Dr. Wm. Lee, said that Dr. Rosse deserved much credit for the scholarly manner in which he had presented such a subject. The cases cited would prove useful to the Society, for he was certain the majority were unacquainted with many of the facts set forth by the essayist. It seemed singular that these perversions which so generally prevailed four thousand years ago should have progressively increased with the rapid advance of civilization. Such facts should be laid bare before the medical profession, which should be able to suggest a remedy.

Remarks by Dr. Acker.—Dr. Acker stated that these perversions were more common than is generally supposed. He gave the details of a case, man, aged 40, who was guilty of the most disgusting of the perversions and who desired to be cured. He orders exercise, tonics and bromides with some benefit. When any one of these habits is acquired it is hard to treat successfully.

Remarks by Dr. Bishop.—Dr. Bishop thought that hereditary influences were etiological factors in this class of cases. These perversions have been carried to such an extent that men have imagined themselves to be women.

Remarks by Dr. King.—Dr. A. F. A. King said he supposed that many of the cases of sexual aberration referred to by Dr. Rosse began with self-abuse in early life. While he believed that the cases of confirmed sexual perverts were usually beyond remedy, much might be done to prevent them by correcting the habit of masturbation in the beginning. Some of the cases of chronic prostatorrhœa often with imagined spermatorrhœa and melancholia were exceedingly annoying and difficult of cure, and were often kept up by sexual irritation or unsatisfied desires, which the patients were unable to control. Dr. Acton, in his well-known work, recommends "chastity of thought," and the Bible somewhere tells us to have "*clean hands* and a pure heart." The observance of clean hands Dr. King thought would contribute to purity of thought, as might be explained by the suggestive influence of odors. In the act of micturition the genitals were handled, and while this might not convey a sufficient taint to constitute a *perceptible* odor, still a sufficient impression might be made upon the olfactory nerves to originate or suggest a line of thought in the direction of sexual ideas. Hence he advised cleansing the hands after each act of micturition, especially with youth who were cultivating and continually handling an incipient mustache. The influence of odors in developing sexual desires was quite evident in the animals, and there was reason to believe the same condition of affairs existed in some degree with the human species.

Remarks by Dr. Busey.—Dr. Busey said that while many cases of masturbation were very intractible, still a great many were curable, as he had cured some himself. When they were complicated by prostatorrhœa or spermatorrhœa they were not so easily managed, as there was then a mental disturbance. We should impress such subjects with the dangers resulting from a continuance of such practices rather than resort to moralizing. His method of treatment was to instruct them to cultivate good habits rather than by administering remedial agents. He could not accept the assertion of Dr. Rosse that these evils are so very common; for if they were he would see more of them. Many vices are taught by a communion of youths. One vicious boy or girl will morally ruin a whole school, seminary or college, as had been done. When such instances occur the leaders should be severely punished and the others disciplined.

Remarks by Dr. Thompson.—Dr. J. Ford Thompson agreed with Dr. Busey that the diseases mentioned by the essayist were not so common. He had seen a number of the minor of these evils, but had not met with the extraordinary cases mentioned in the paper. The perversion is not always in children. Old men are more guilty of these practices, as we have seen in our own city within the past few days. The most intractible cases of masturbation are found in the female, and are generally the result of insanity. He also believed that physical training had a controlling influence.

Remarks by Dr. Johnson.—Dr. Joseph Taber Johnson said the best method of remedying these evils is left to the medical profession to determine. Such practices are sins of ignorance. He thought the colleges were following out the principles suggested by Dr. Rosse. Physical training is now a part of the collegiate course. As so many youths acquire these habits through ignorance, they should be taught early in life the danger of interfering with nature's laws.

Remarks by Dr. Magruder.—Dr. Magruder said that the Jesuits paid particular attention to such matters in educating the youth, and in their schools

will not let the younger boys be without a teacher both day and night. They will expel a boy for one of these evils quicker than for any other. He thought cures could be accomplished by both advice and drugs. Good results followed the use of the bromides and the fresh infusion of digitalis. We should begin early to instruct our own boys, and not take it for granted that they are without sin.

Remarks by Dr. C. G. Stone.—Dr. Stone said that dress often acted as an exciting cause of many of these troubles. Diapers and other articles of modern invention used to protect the genitals irritated the parts so much that constant pulling to loosen the garment led to bad habits.

Surgical Uses of Ichthyol. An editorial on this subject in the *Therapeutic Gazette* for October says that the special value of ichthyol lies in the constricting action it exercises upon the vascular system. This is nowhere better shown than in erysipelas. The drug is used in the form of a thirty to forty per cent ointment, with lanolin and lard, or it may be used in the form of a thirty per cent solution in water. It is painted two or three times over the inflamed area, especially about its border. When used before the disease has made much headway, these applications are almost specific. The fever promptly subsides, the disease ceases to spread, and resolution takes place in a few days. All surgical conditions associated with dilation of the superficial blood vessels and the consequences of such dilation yield more readily to the applications of ichthyol than perhaps to any other local medication. When the skin is exceedingly sensitive, solutions or ointments of ten per cent strength should be applied first, and then gradually increased up to forty or fifty per cent. When the stronger preparations are used the whole surface to which they are applied should be washed with mild soap and warm water once daily, and should be carefully dried before another application is made. Hemorrhoidal conditions, particularly when associated with subacute inflammation, are said to be particularly benefited by both the internal and external use of this drug. Acne and acne rosacea are the two skin diseases which have given the drug its reputation. In furunculosis local applications of a fifty per cent ointment made up with lanolin or lard give better results than any other single treatment. Applied in the forming stage of a boil, it will frequently abort it. In gonorrhœal rheumatism its use is as disappointing as has been the use of other medicaments. In all the deeper forms of inflammation local applications of ichthyol are not of the slightest service.

Diaphtherin. Asaprol. These are two new drugs just brought to the notice of the profession as antiseptics. It is claimed for them that they are comparatively non-poisonous, and are soluble in water. Diaphtherin is a powder which in 0.1 per cent solution kills the cholera bacillus in 10 minutes. Asaprol, in 5 per cent solution, prevents the growth of the most resistant bacilli.

Europhen. In a recent monograph on this new drug it is claimed that it is a substitute for iodoform which satisfies completely all the conditions. It hinders the development of micro-organisms; it is soluble in the same solvents as iodoform; it is freely soluble in the fatty oils; it has a perfectly similar therapeutic action; and it is even successful in many cases in which iodoform has been found to be powerless. It has two marked advantages over iodoform: it is comparatively odorless, and is not poisonous. Its light specific gravity gives it a dusting power five times greater than that of iodoform.

Menstruation After Removal of Ovaries. From the same journal as above we notice the following from an article by Dr. H. Marion Sims: Dr. Sims operated on a woman suffering from most exquisitely painful menstruation. She had cystic degeneration of both ovaries, which were also prolapsed. The uterus was retroverted and lying on top of the cystic ovaries. Both ovaries and tubes were removed. Eighteen months after the operation the patient returns, stating that every four months she has the regular reappearance of menstruation,

"a curious phenomenon and one which I am unable to explain." In another case Dr. Sims removed both ovaries and tubes for pyo-salpynx. The patient had severe dysmenorrhœa before the operation. Since then she menstruates with perfect regularity but without pain. "I have never seen any satisfactory explanation given of this phenomenon." Metrorrhagia will continue, in many cases, after the removal of both tubes and ovaries. In such cases the remedy lies in the use of the curette.

Restoring Sunken Noses.

Surgeons will be interested in an article of six pages in the New York *Medical Journal* for October 22d, on restoring sunken noses without scarring the face. The author is the well-known surgeon of the College of Physicians and Surgeons of New York, Dr. Robert F. Weir. The paper is illustrated with seventeen wood-cuts and is very interesting to those engaged in special or general surgery. It would seem, from the article, that in Dr. Weir's hands a nose can be remodeled just to suit the demands of respiration or the whims of a crank. Dr. Weir's success, as illustrated in this paper, in the correction of the deformity termed pug nose is certainly most striking.

Scientific Bacteriology.

Few branches of science have advanced with the rapidity of bacteriology during the past few years. The idea, however, that infectious diseases are due to some micro-organisms invading the body of the infected animal is certainly very old. It was ventilated many hundreds of years ago, and it was revived early in our century. But scientific bacteriology is of quite recent creation. It dates from the fifties, when Pasteur began his researches into the fermentation of beer and wine, and when Virchow was investigating cellular pathology. Since then progress has been very rapid. Cholera, typhoid fever, gastric affections altogether, malaria and influenza; tuberculosis, leprosy and cancer; diphtheria, measles and scarlet fever; rheumatism, anthrax, smallpox, rabies and tetanus; and even the poison of the cobra snake—a fact just discovered—have been traced to separate microscopic beings. It may be safely asserted, at least, that science already knows a great number of micro-organisms which are capable, under certain circumstances, of producing certain specific diseases. Such discoveries, as illustrated by the recent one of Dr. Cunningham, of the existence of ten different varieties of the choleraic bacillus, will have the effect of widening our knowledge of microbes, and, in this case, explains why the cholera assumes so many different forms. A further discussion of this interesting topic can be found in the *Popular Science Monthly* for October. The article, "Recent Science," occupies twenty pages of that journal.

A COLUMN OF NOTICES.

Messrs. Renz & Henry inform us that there is much silent substituting of drugs. Therefore when their alterative and tonic, known as the Elixir Three Chlorides, is prescribed, they ask that their preparation (R. D H's.) be specified. If their own elixir be obtained they assure our readers it will not constipate, does not derange the liver, and has no toxic effect upon the nerves. It does, however, increase the hæmoglobin of the blood, assists the digestive functions and can be relied upon to sustain the forces.

To soothe the pain and restlessness, and to control the febrile element in influenza, Delafield prescribes five-grain doses of phenacetine every two hours, stating that "Of all the remedies for influenza, I have found nothing so reliable." Da Costa gives three grains with one of quinine every three hours. Hughes writes that "the best remedies for influenza have been phenacetine, quinine and the salicylates." Shoemaker says, "The aching pains yield most readily to phenacetine every two hours." Herman, Roche, Cooper, Curtin, Cyrus Edson and many others report to the same effect.

We are in receipt of literature from Parke, Davis & Co., describing their soluble elastic gelatin capsules. There are many efficient but unpalatable medicaments which may be readily exhibited in this way, without offending the palate of the most sensitive patients, and capsules are much easier to swallow and

more soluble than pills. This method of giving drugs has a very wide application, and already a long list of medicaments are now thus administered. We prescribe quinine in no other form, having long ago abandoned the hard and often almost insoluble capsules so often found. Physicians should be well acquainted with this modern method of medication.

The McArthur Hypophosphite Co. informs us that Dr. Churchill's treatment of consumption with the hypophosphites of lime and soda, uncombined with other drugs, is often not fully understood by physicians. They desire to send interesting reading matter on this point to the members of the profession.

Book Reviews.

TUBERCULOSIS OF BONES AND JOINTS. By N. Senn, M.D., Ph.D., Professor of Practice of Surgery in Rush Medical College; Professor of Surgery in the Chicago Polyclinic; Attending Surgeon Presbyterian Hospital; Surgeon-in-Chief St. Joseph's Hospital; President of the American Surgical Association; President of the Association of Military Surgeons of the National Guard of the United States; Permanent Member of the German Congress of Surgeons, etc. Illustrated with 107 Engravings (seven of them colored). In one handsome Royal Octavo Volume. Five hundred and twenty pages. Extra cloth, $4.00 net; Sheep, $5.00 net; Half-Russia, $6.00 net. Philadelphia: The F. A. Davis Co., Publishers, 1231 Filbert street.

The modern literature of this subject is very limited, a fact in itself sufficient to make a work of this character meet with a hearty welcome by all surgeons. The acknowledged ability and large experience of the author give to the work at once a high value. The contrast between the old and recent views regarding the etiology and nature of this form of bone and joint disease is most marked. This is brought out in a very striking manner by the author, as he quotes from old writers and then immediately follows with the ideas of modern times. As the successful treatment of these affections depends so largely on an early, correct diagnosis, as well as on rational treatment, so the author gives very complete descriptions of diagnosis, and local and general treatment. The pathology of the subject is fully described and, to us, is the most interesting part of the book. This is well illustrated with wood-cuts and with a number of colored lithographs. As Dr. Senn's reputation as a surgeon is so well established, so the profession needs no other assurance of the value of the work than that he embodies in it his own experiences.

HELBING'S MODERN MATERIA MEDICA. For Pharmacists, Medical Men and Students. By H. Helbing, F. C. S., London, England. Third revised and enlarged edition. Handsomely bound in cloth; 8vo. 212 pages. Price, $1.00. New York: Lehn & Fink, 128 William Street.

So far as we know this is the only work that pretends to give anything like a full account of the newer remedies of the Materia Medica. In this respect it is most complete and will, therefore, be very useful as a reference book. The latest reports and best opinions are here given; the whole book having been completely rewritten in order that every new remedy may be brought up to date. In fact, so promptly has this been done, that we find such remedies as asaprol and diaphtherin described, although they were introduced but two weeks before the book was published. Under cocaine, we notice a description of the nitrate of cocaine for prescribing in combination with nitrate of silver in the treatment of diseases of the genito-urinary tract. Even large doses of the silver salt as an injection do not cause pain when associated with an equal weight of cocaine nitrate. Such a work as this will save the physician much labor and time, for here is a complete collection and full description of all the new remedies. As a thorough familiarity with the Materia Medica is indispensable to the physician, so this newer materia medica must form a part of his study. The book will have a large sale, because it is needed; and because the physician must have it if he keeps abreast with the latest and best discoveries in this line. It is absolutely free from anything of a commercial character.

A MANUAL OF MEDICAL JURISPRUDENCE AND TOXICOLOGY By Henry C. Chapman, M. D., Professor of Institutes of Medicine and Medical Jurisprudence in the Jefferson Medical College of Philadelphia. With thirty-six illustrations, some of which are in colors. Pp. 237, 8vo. W. B. Saunders, publisher, 913 Walnut Street, Philadelphia. 1892. Price, $1.25 net.

We have here some fourteen lectures on medical jurisprudence, as delivered by the author to the students of the Jefferson Medical College. Dr. Chapman was the coroner's physician of the city of Philadelphia for over six years, a position which gave him large experience in questions of forensic medicine. Of course this experience enabled him to judge what subjects are most impor-

tant for practical purposes. Therefore, while this work is not so extensive as the writings of Taylor, Beck, Woodman and Lidy, and others, yet it contains a discussion of all those subjects which would be most likely to fall under the observation of general practitioners of medicine. We find such subjects discussed as these: Inquests, witnesses, signs of death, wounds, blood-stains, burns, rape, pregnancy, fœticide, legitimacy, feigned diseases, insanity and poisoning.

Legal medicine is a subject too little understood by the profession; yet the physician should certainly know what the commonwealth expects of him and has a right to demand of him in his professional capacity; and, on the other hand, he should know his own rights as a medical expert. As this book is not large, deals with practical subjects, and is written in an easy conversational style, we bespeak for it a generous response from the profession.

THE ESSENTIALS OF HEALTH. A text-book on Anatomy, Physiology, Hygiene, Alcohol and Narcotics. By Charles H. Stowell, M. D. Late Professor of Histology and Microscopy, and Assistant Professor of Physiology, University of Michigan. Author of Student's Manual of Histology; Microscopical Diagnosis; the Structure of Teeth; A Healthy Body; Primer of Health; Late Editor and Publisher of the Microscope; Editor and Publisher of the National Medical Review.

Fully illustrated with 112 original pen sketches by the author. Four full-page original colored plates. 8vo, 352 pages. 1892. Silver, Burdette & Co., No. 6 Hancock Avenue, Boston.

As this work is written by the editor of this journal, it is only necessary to say that it is the third of a series of text-books for use in public and private schools. The first, A Primer of Health, is adapted to those who read well in the second reader. The second, A Healthy Body, is for use in the intermediate grades; over fifty thousand copies of this book have been sold within about three years. The third, The Essentials of Health, meets the requirements for advanced study in high schools and academies. They are each fully illustrated with original sketches by the author and, in nearly every instance, from specimens especially prepared by him for this series of books. The three works constitute what is known to the publishers as "The Health Series."

Letters to a Young Physician.

MY DEAR DOCTOR:—We disagreed very widely the last time we met. I am still more convinced than ever that I was right, and I sincerely hope you will be converted to my views. You have many physicians on your side, yet I believe it to be your solemn duty to apprise the relatives of your patient if there is a probable near approach of death. It is their duty to tell the sick one of this fact; but if they shrink from it, then you should perform the duty yourself. I would go farther than this, and say that even when the relatives do not think such an announcement should be made, it is still your duty as a man to give them reasons why, in your opinion, such a knowledge might do great good. Only certain exceptions come in here, where the disease or injury may cause sudden death, and where, if such fact were known to the patient, owing to a nervous constitution he might lose hope or otherwise injure his prospects of recovery. Even in such cases, however, the relatives or friends should be given timely warning of a possible crisis. I have known of a number of instances where such knowledge has saved large estates to families and where an incalculable amount of good has resulted from the admonitions of the dying. Neither would I belittle, in this connection, the satisfaction that may come to both the relatives and the patient, in thus informing them of the near approach of death, by their opportunity to obtain the consolations offered by the clergy. No matter whether you have religious beliefs yourself or not—although I believe all men do to a greater or lesser extent—it is a fact that the soothing and promising words of a religious teacher bring incalculable comfort to the dying during their parting moments. This is a difficult subject upon which to advise you, but I wish to protest against the statements of some that the dying should be left undisturbed at all times. The temporal interests of those left behind should be considered; and the spiritual interests of all should neither be opposed nor ridiculed. Yery sincerely yours,

THE REVIEW.

THE
NATIONAL MEDICAL REVIEW.

VOL. I. WASHINGTON, DECEMBER, 1892. No. 10.

THE EDITOR'S TABLE.

Free Advertising of Quacks.

The *Woman's Tribune* of this city informs its readers that it has been discovered that the phonograph is very beneficial to the treatment of the deaf, especialy if the affliction be caused by catarrh. The case must be diagnosed by a specialist who directs the use of "a right-toned instrument." The *Tribune* says that the *Western Christian Advocate* gives an editorial indorsement of the treatment, and both the *Advocate* and *Tribune* give the name and residence of the doctor who is most interested. We also learn that said doctor "will enlighten any reputable physician on the subject." This is enough to make one have convulsions of laughter, followed with spasms of indignation. Let us analyze this a little. First, this free advertisement is worth at least a thousand dollars to the doctor, for the item will be innocently copied far and wide. Second, in the medical journals now before us, are references to the damage done the ear by the phonograph. We do not believe there is evidence that it has this curative power. Third, the choice of a "right-toned instrument" is laughable. That is, sweet Annie Rooney may cure a Dutch girl, but throw an Irishman into aural vertigo; while boom-de-ra may render the membranes very flexible in blondes, but ankylose the joints of the brunettes. As everything depends upon the right-toned instrument it is probably true no one has yet hit the exact pitch. Fourth, and what is an editorial indorsement of the *Advocate* worth? Of all classes in the world who have aided quacks, the clergy take the lead. Their certificates are found everywhere, and their papers often contain the biggest kind of medical frauds. How much does this editor know of the anatomy, physiology and pathology of the middle and inner ears? The phonograph is a wonderful instrument, the ear is a complex organ; two mysteries are enough for any kind of a certificate. Fifth, this doctor need not worry about receiving too many letters from "reputable physicians." If this hawking of his name before the public is of his own knowledge and consent, and it apparently is so, then no reputable physician on this continent would write him a postal to even ask after his health. Such a man is a mountebank, a miserable quack, deserving the severest condemnation of all those who are in sympathy with the only true, scientific advancement of the medical profession. Editors who give their "indorsements" to such enterprises are no friends to physicians. It is such as these who retard and impede our progress.

Danger of Freezing.

A recent writer has sought to create widespread alarm by stating that the coal pit is not inexhaustible. He tells us we are

altogether too wasteful of this product. The supply is limited; and, what is of more consequence, "we cannot add a pound of coal to nature's deposits or build an addition to the planetary cellar." What then are we to do? Economize. The writer says that an investigation made by a royal commissioner showed that not more than 146,773,000,000 tons of coal were available for the use of Great Britain. In less than three hundred years this will be exhausted. Then what will poor Johnny B. and his eye-glass do? The writer thinks that great economy should be exercised all over the world in the use of this product. He is evidently not aware of two things: First, that the closest students of nature are in this country, and, second, that the most ingenious people in the world are found here. Long before any people will suffer for want of coal, some scientist will so apply his knowledge that coal will be an almost useless article. In fact, it would appear that we are now on the very eve of the discovery whereby we will get our energy directly from the sun. Not being content with energy that has been stored away in the bowels of the earth for thousands of years, we will obtain it at any hour of the day fresh from the great old energizer itself. Energy thus obtained will be at the least possible cost, thus giving us electricity as the best and cheapest motive power. We will bottle the sunlight of the morning to light our homes for the night; and we will attach its energy to our cars to carry us across the continent. To perfect the method whereby all this may be accomplished would not be more wonderful than either the telephone or phonograph. It is a truth, that even at the present time, this marvelous problem is being studied, with a fair degree of its probable speedy solution. The coal pits may soon have a rest. The American takes nothing second-handed. We will get our energy directly from the source of all light and heat, the sun.

Did Cleopatra Mesmerize?

The London *Spectator* gives us to understand that this charming Greek owed all her power to enchain the masters of the Roman army by her bewitching manner. Certainly she did not have remarkable beauty, if the face on her coins be taken as an authority. Plutarch said that "the contact of her presence, if you lived with her, was irresistible. The charm of her conversation was something bewitching. It was a pleasure merely to hear the sound of her voice." So the *Spectator* asks if Cleopatra was a "hypnotist"? Most decidedly not. She did not produce sleep. Anthony may have made a fool of himself, but he did not mope around in a half dazed condition when "under her influence." The life of Cleopatra illustrates simply what brains in a woman can do. A pretty face is all right, a handsome one is better; but best of all, let her voice be as Plutarch said of Cleopatra, "like an instrument of many strings, with which she could pass from one language to another, so that there were but few of the barbarian nations she answered by an interpreter; and to most of them she spoke herself, as to Ethiopians, Troglodytes, Hebrews, Arabians, Syrians, Medes, Parthians and many others whose language she had learned."

Irrigation in Cholera.

If irrigation is good for one thing, it must be useful for everything. At least this is the logic, apparently, of a Dr. Lee of Chicago, who claims to have cured twenty-four out of twenty-seven cases of cholera by this method. He washes out the intestinal canal with

common soap and water, and thus removes the offending cholera bacilli. While we are free to admit that cholera is a dirt disease, yet we hardly think it can be washed away at this stage of the game. We suggest to Dr. Lee that if he should return to St. Petersburg, where he had such wonderful success, he had better recommend the use of his soap and water while the bacilli are on the outside. Or do the inhabitants of that city prefer the internal use of such remedies? Soap and water is rather severe external treatment!

Sure Cures for Cholera.

The above would seem like a very good cure for this terrible disease. But we notice other cures are rapidly coming to the front. One man urges that a rubber bulb be inserted into the rectum, and expanded until there is no escape for the dreaded discharges! Another recommends that the patient be placed in an icehouse or refrigerator, on the ground that the bacilli are inactive at a low temperature. While still another insists that as "these organisms are of low vitality," they can be easily destroyed by giving to the patient large and frequent doses of pepsin. This would quickly digest these bodies!

Advance in Treatment of Cholera.

This makes us ask what advance has been made in the last forty years in the treatment of cholera? A most unsatisfactory answer must be given. Kate Field asked this question of Dr. Wm. A. Hammond of this city. She gives his reply in a late number of her journal, and it was in these words: "There is very little change." Dr. Hammond says that he treated hundreds of cases of cholera in 1849, when he was assistant surgeon in the army. He lost about thirty-three per cent of his cases, and says: "I should still think I was doing very well if I treated a cholera epidemic and lost no larger proportion of cases."

It is rather humiliating to think that after over forty years of study we cannot do better than this. Yet some advance has been made toward a better understanding of the disease. We now know its specific cause and can apply methods of prevention much better than ever before. The practical application of this knowledge has prevented incalculable disaster to our people, and has brought inexpressible relief to a confiding public.

Too Many Doctors.

In keeping with remarks previously made in this journal that there are too many doctors, we notice a writer in the *Medical News* says there are at least twice too many. He says: "We are reliably informed that in the decade ending with the year 1890, the colleges of the United States matriculated 115,355 students, and graduated 39,996. This is an average of 4,000 yearly—in my opinion more than twice as many as the requirements of the people demand. As a final argument in behalf of medical legislation, I beg to submit the following statistics, based upon the proportion of physicians to the inhabitants in a few of the European countries: Sweden, 1 to 7,000; Italy, 1 to 3,500; Germany, 1 to 3,000; Austria-Hungary, 1 to 2,400; France, 1 to 2,000; United States, 1 to 600."

Should Physicians Hold Patents.

On this point, Dr. Chas. H. Hughes, the editor of the *Alienist and Neurologist* says that "the interdiction of patents by physicians is in derogation of the personal right of the doctor and tends to turn the genius of discovery away from medicine and surgery. All that philanthropy requires and all that the code should enjoin is that no physician who

becomes a patentee should put an exorbitant price on any invention designed to alleviate human suffering or remedy human deformity or natural defects, and that the construction of any apparatus, or the composition of any patented remedy, should not be kept secret from the profession." The true physician would not place an exorbitant price on any of the products of his own brain, while he would secure the legitimate reward of his own genius. We know the case of a well-known physician of this city who invented a very useful surgical instrument, but did not procure a patent on the same. Some time afterwards he discovered that a perfect stranger had patented the instrument, and now said doctor has the pleasure of paying another a royalty on his own invention. We believe this clause in the code should be revised.

Tempted.

Under this heading the editor of the St. Louis *Medical and Surgical Journal* calls attention to the great "Chemical Cure" for consumption and speaks of journals that have "bartered their respectability for a comparatively small sum of money." Two journals are mentioned that have "succumbed to the siren-like influence of gold." The *Journal* also fears that "others will be found who are willing to sell their manhood and respectability for a mess of pottage."

Our readers may remember that we called attention to this matter in our last issue. The REVIEW is only a yearling, but in this case it flatters itself in that its protest against this "cure" appeared at the same time with that of its sixty-three-year-old St. Louis friend.

Profitable Orders.

The *Weekly Bulletin*, a paper published in Boston, purports to give the titles of prominent articles as they appear in the various journals. The publishers ask for exchanges, and in this way make up their lists. Readers of the *Bulletin* order such copies of journals as they wish in order to procure certain articles. We are just honored with an order for two copies of our August number, for which the *Bulletin* incloses *five cents!* We are told that this order is sent "by a publisher and newsdealer who has been at special expense to bring to the notice of readers the *contents* of the identical number of the publication herewith ordered, and it comes solely in consequence of steps taken by him." Feeling deeply our sense of gratitude for the interest thus manifested in our material welfare, we hereby extend an invitation to this publisher to visit us at his own expense; and while here we will agree to hire a substitute to walk with him to the top of the Monument; "solely in consequence of steps taken by him."

Income of British Medical Journal.

Possibly, however, it is because of the aid of such journals as the *Bulletin* that the *British Medical Journal* can make such a showing. Receipts from subscriptions, £15,000; extra sales of journals, £1,500; advertisements, £14,475; surplus for year, £3,861; assets over liabilities, £45,199. The editor of the *Medical Age* asks if we do not envy our English contemporary? What a question for a journal to ask now in its tenth year! Envy our English contemporary? No, indeed. Just wait until we exhibit our balance sheet after we have been in business 36 years. If our first year's *receipts* be placed at compound interest for that length of time we will have the British editors all coming to this city during the next century! We are astonished to learn that the *Medical Age* cannot equal the above showing!

The Tobacco Habit.

In our last number we called attention to an article in the *Popular Science Monthly* which gave a few grains of comfort to the friends of tobacco. This is again offset, however, by a recent article in the *Journal of Inebriety*, which has some strong words on the subject. Among the charges which the writer, Dr. Brewer, brings against tobacco is that its excessive use is one of the leading causes of the nervousness of the American people. There is an increasing tendency to nervous disorders which can be traced to this source. Dr. Brewer does not think it at all strange that "a drug which, until tolerance is established, has such potent and palpable effects as to produce loss of co-ordination and unspeakable *malais*, and after the organization has become used to it, is capable of setting up the well-known heart disturbances, may finally produce some form of insanity." He also says that it is the opinion of a number of French observers that the depopulation of France is due to the excessive use of tobacco, as the offspring of the inveterate tobacco consumers are puny, stunted, and lack resistive power. We do not speak of the use of a single cigar after a full meal, but of the excessive use of the drug. And that it is used excessively is a matter of common observation. We are often told that it is most inconsistent for the clergy to indulge in this habit. But it appears to us, the inconsistency is even more apparent when medical men use to excess that which their training enables them to know is so injurious. While mental and physical comfort may come from such a habit, yet is it not bought at too dear a price if it is enjoyed at the expense of nerve force, the loss of which may either shorten life or seriously impair the bodily functions?

Some Additional Testimony.

The readers of the REVIEW may mistrust, by this time, that we are not on friendly terms with tobacco, for we can see no good in it and much harm. In the *Virginia Medical Monthly* for November is an article by Dr. B. H. Brodnax on the effects of tobacco. The doctor has been a smoker for over twenty years and "knows full well the effects of the habit" on himself. For one year he has been studying the results of the tobacco habit on ninety-eight persons, aged from 18 to 28. Of these, ninety were affected with impairment of the senses of taste, smell and hearing; eighty-two have periodic headaches traceable to the habit; five have paralysis agitans, more or less severe; fifty per cent of the number have irregular heart action; eighty-nine are more or less dyspeptic, twenty-two of them badly so; eight cannot always retain all the food eaten, unless a stomachic is taken; fifty-two, after smoking during the day, have, later on, a slight defect in walking, a vertigo; over fifty per cent complain of forgetfulness, a decline in the former powers of the memory. Dr. Brodnax says these effects are "traceable to the use of tobacco," because, when abandoned for a time, these defects seem to remedy themselves without any, or with very slight, medication. He then describes the ill effects observed in his own case and comes to some very strong conclusions.

Cigarette Smokers Under 18 Years.

Dr. Brodnax has carefully observed this class of smokers. They have less power of resistance to morbid influences than those of the same age who do not use tobacco; and there is hardly a healthy cigarette-smoker within his knowledge—that, too, at an age when every act of life tends to strength and

vitality. They are flabby, irresolute—cannot stand hard work or play. They take to drinking stimulants to counteract these influences very early in life, by comparison. He cannot see how a physician can recommend the use of tobacco in any form by the human family (for the animal creation is too smart to eat it). Even as a medicine, and in very minute doses, it is dangerous and unreliable, and can be replaced with advantage by ipecac and lobelia.

Tobacco and Digestion.

From the *Bacteriological World* we get the following results of experiments made upon seven healthy persons not addicted to smoking: 1. Tobacco increases the quantity of gastric juice, but diminishes its acidity, a significant fact, when it is recalled that the degree of acidity of the gastric juice is the measure of its activity in the absence of abnormal acid fermentations. 2. The quantity of free hydrochloric acid in the gastric juice is diminished under the influence of tobacco. 3. Just in proportion as the free hydrochloric acid is diminished, the digestive power of the gastric juice is diminished. 4. Tobacco also diminished the activity of the rennet ferment contained in the gastric juice.

The Cigarette and the Boy.

After all, our protests against this habit are principally for one object: to prevent the use of tobacco by our young boys. We must all agree that its use by them has a most deleterious effect on their development to a complete manhood. The old cry was, "To save the boys the saloon must go." We add a new one: "To make *men* of our boys, the cigarette must go."

New Vocation For Women.

Some months since we called attention to a new vocation which promised much for women learned in medical matters. We referred to their employment as traveling agents for manufacturing chemists, representing to physicians such products as are used in the practice of their profession. We have just learned of another vocation, where women, not learned in medical matters, are pretending to deal with medical questions of great importance to the public health. We refer to those women who are going about from house to house, gaining an entrance into the kitchen because of their sex, and there pretending to give a scientific dissertation on foods and their adulterations, about which they know almost nothing.

Her Real Business.

The actual vocation of this woman, however, as observed by us, is the introduction of some proprietary brand of baking powder. All the rules of hygiene, all the truths of analytical science, are naught to her if she can substitute her article for another, although the change may involve the adoption of an actually dangerous food compound for one of known purity. Under the guise of a medical teacher she is a disseminator of false doctrine, and becomes accordingly one of the most dangerous agents for the promotion of ill health, if not the actual establishment of disease. This is a "vocation" that woman should shun.

Her Tricky Tests.

Notice how the woman of this vocation teaches false science. "You use baking powder?" she says to the housekeeper. "Of course, I do." "Do you know whether it is pure or not?" The housekeeper supposes it is. "Permit me to try it," says the agent; "I have an accurate chemical test which will prove its character immediately. She asks for some of the powder used in the house, mixes a teaspoonful of it in a lit-

tle water, and boils the mixture. She then asks the housekeeper to smell the gas which is escaping. "That odor," says the tester, "proves that the powder contains something highly injurious to health." Then she makes a second test: Some of this same powder is mixed in a glass of cold water and stirred. The powder probably foams up something like champagne. The carbonic acid gas escapes with much vigor at first, but slowly subsides. The agent next tries the powder she carries, and the result is that there is a thick, yeast-like mixture. "This shows the inferiority of the powder you have been using."

Value of Such Tests. Now what is the value of all these tests? Take, for instance, such a powder as the Royal—and we mention this, simply because we believe it to be a pure cream of tartar powder—and the odor given off from the mixture when boiling is only that of the leavening gas! It simply proves that the powder has a leavening power. The second test shows that the first powder was pure, while the other, the one carried by the agent, which gave the foamy result, was adulterated with flour! To prove this add flour to the Royal and the same result will be produced.

She Does Not Mention Alum. Not a word is said in condemnation of those actually dangerous powders which contain alum. And yet its presence cannot fail to work great injury when continuously taken into the system. Alum baking powders may be cheaper, at the time purchased, but they are mighty dear in the end. Every person should be arrested and punished who is engaged in the sale of such harmful adulterations. Yet the very powder the tester is interested in selling is probably one of that class.

Physicians Are Interested. We claim that such subjects legitimately belong to our profession for discussion. As educated guardians of the public health, we are supposed to be better able to judge what is good and what is injurious in the way of foods. We have not one cent's worth of financial interest in any baking powder, but we detest frauds and fraudulent goods. And we particularly condemn those persons who would debauch science and deceive the public upon points of vital moment for purely mercenary ends.

All Broken Up. A great upheaval is taking place in the debating societies of the fair sex. Even the English magazine *Woman* enters the contest, acts as judge, and solicits competitive answers to this puzzler: "Would you rather marry a man whom you entirely love, but whose love for you you are not sure of, or a man who entirely loves you but whose love you do not thoroughly reciprocate?" Now, dear lady friends, did it ever occur to you that you might never get asked to marry any one? And wouldn't it be wise to wait until the great emergency arose? Or, are you discussing the question preparatory to making an unexpected assault upon us defenseless men? If the journal *Woman* will only publish the names of those discussing this question, we will wager a year's subscription to this journal that not one of them will ever be annoyed by either verbal or written communication from any man!

Hard to Collect Bills. Did you ever hear this sentence before? "Hard to collect bills," is it? There is a scarcity of money, is there? Your patients tell you they would like to pay their bills, but cannot get hold of the money, do they? Let the REVIEW acquaint you with a little item. We learn

from a reliable source that a well-known mountebank sent to his distant home from this city over seventy-five thousand dollars in solid cash, for his last year's work among us, and his year was only about nine months long, too. How is that? Any wonder it is hard to collect bills?

A Strong Pull and a Pull Altogether.

And this money comes largely from a class of persons who can illy afford to part with it. But after it has been thus expended there is little left to pay the family doctor. "He can wait." It occurs to the REVIEW that we have waited about long enough. Let us try again for a medical bill which will shut out all thieves and robbers. Let us take hold of this bill, and, with a strong pull, a long pull, and a pull altogether, see if we cannot pull it through Congress, then up the Avenue to the White House and out again to the statute books of the District.

Spicy and Newsy.

The *Alienist and Neurologist* for October says: "We have received Vol. I., No. 6, of the NATIONAL MEDICAL REVIEW, edited and published by Dr. Chas. H. Stowell, Washington, D. C. This is the first number that has come to our notice, and we gladly place it on our exchange list. It is a spicy and newsy epitome of the medical news of the day."

Worthy of Perusal.

The *American University Courier* has this to say: "The NATIONAL MEDICAL REVIEW is a journal published by Chas. H. Stowell, M. D., Washington, D. C. It is a very bright medical journal, and is worthy the careful perusal of anyone interested in the discussion of advanced medical thought. Dr. Stowell is a well-known author of various schoolbooks on subjects especially qualifying him to be the editor of such a review."

A Substitute for Ergotole.

Dr. Ohmann-Dumesnil tells us that among certain tribes in Central Asia it is the custom, in cases of difficult labor, to seat the woman on a horse and make him gallop for a couple of miles over the steppe. He calls this "an efficient oxytocic." We would think it more like a *horseytocic;* certainly this animal is a *step* in advance of the old ox!

Note from Dr. Leach.

Dr. Hamilton E. Leach desires us to state that for some unaccountable reason the name of Dr. Robert Reyburn was omitted from the list of those who participated in the operation for the amputation of the tongue, as described in our November number. "While Dr. Reyburn has not mentioned the subject," says Dr. Leach, "yet his advice and wise counsel contributed much to the success which followed, and I desire to make note of this fact in justice to an accomplished surgeon and a wise teacher."

To Rebo.

We are in receipt of a poem from "Rebo," which, we fancy, he hardly expected us to print when he mailed us his manuscript. We wish he might call and thus reveal his personality. But we are afraid what he has written in a spirit of fun might fall upon too sensitive ground to be understood.

The next number of this journal will contain a large amount of interesting proceedings of the Medical Society of this city.

Dr. W. H. Heiser, of No. 728 Fifth Street, N. E., requests all graduates of the Jefferson Medical College now residing in this city to send him their address, with year of graduation.

THE PROGRESS OF MEDICINE.

Treatment of Exanthematous Diseases.

The lectures given by Dr. S. S. Adams of this city, before the training school for nurses of Garfield Hospital, are reported, as previously announced, in *The Trained Nurse*. The last lecture was upon the treatment of the exanthematous diseases. As regards cleanliness as a part of the treatment, Dr. Adams says that more patients are injured by not being kept clean than in any other way. It was formerly considered the proper thing never to give a child a bath during a contagious disease, but this is no longer the rule. All these diseases have a natural, well-defined course, and when they are running along safely on it we should not interfere. The best policy is to let them alone until they fly the track, or symptoms of danger appear. Milk is the best liquid food. It should be given raw, with a little lime water or lactopeptine added. The mothers will say their children cannot take milk, but they can, and if the child be hungry it will take anything. The patient may be allowed to drink as much water as he wants. We can do little by drugs. There are no specifics, and the best way is to treat symptoms as they arise. If the fever be even up to 105° or 106° and there are no symptoms of brain trouble, convulsions, etc., better let the child alone. Phenacetin is the safest antipyretic. The fever may be reduced by sponging: one of the surest and safest methods of reducing high temperature. Tepid water and alcohol, or tepid water and bay rum are the best. Ice-bags applied to the head will frequently reduce the temperature, especially in infants. Bathing is the most powerful external antipyretic we possess. Another method, especially good for children, is the iced-water enema, three or four ounces in quantity. These lectures are interesting and profitable, and short reviews cannot do them justice.

Paraplegia.

At the annual meeting of the New York State Medical Society, recently held in New York City, Dr. Charles W. Brown of this city read a paper on Paraplegia, reporting an interesting case illustrating this disease. The case was that of a steam fitter whose occupation caused him to sit upon cold steel most of the time for three days. Each night he had a chilly sensation and the third night had a decided chill. When Dr. Brown first saw the case, he found the temperature 104½, pulse 110, very weak and small, complete paralysis below the last dorsal vertebra, some swelling over the lower portion of the spine but no tenderness on pressure. Above the waist motion and sensation were natural, but below this line both were absent. It should be mentioned that the patient had been suffering from a gonorrhœa for a month or more. The urine was alkaline with a strong ammoniacal odor. In applying dry heat to the feet and legs, in some way during the night the blanket which covered the hot water bag was removed and the sole of one foot was completely cooked from the heel to the end of the toes. When the slough came off three weeks later, it was found to include the skin, superficial fascia, fat and all, exposing the periosteum over a portion of the os calcis and the first and second metatarsal bones. Notwithstanding all these troubles, together with others not here mentioned, the patient made a good recovery and now does his usual work. Dr. Brown says the symptoms indicate this to be a case of myelitis; yet Reynolds says that although cases of recovery from acute myelitis have been reported, yet in no such instance was the diagnosis known to be absolutely correct. Dr. Brown also asks whether the gonorrhœa was an important factor in the production of the paralysis.

Spontaneous Umbilical Hemorrhage.

Dr. John E. Walsh of this city reports a case in the current number of the *Virginia Medical Monthly* of spontaneous umbilical hemorrhage. Ten days after birth bleeding was noticed at the navel. After external applications had failed to check this, two needles were passed at right angles through the abdominal wall and the umbilicus and a silk ligature

passed around below them. This checked the hemorrhage, but the next day blood was passed from the rectum. The child continued to grow weaker and died. The post mortem revealed nothing as to the cause of the hemorrhage. The abdominal cavity was filled with a dark fluid blood.

Medical and Surgical Society of this City. Officers-elect for the session of 1892–'93: President, Dr. J. Wesley Boveé; Vice President, Dr. F. T. Chamberlin; Secretary and Treasurer, Dr. Llewellyn Eliot, 1106 P Street, Northwest; Executive Council, Drs. F. B. Bishop, Johnson Eliot, L. K. Beatty, E. L. Morgan and Llewellyn Eliot.

Salophen in Acute Articular Rheumatism. Salophen, the new derivative from salicylic acid, is believed to possess the fine therapeutic power of its homologues without their toxic characters. In many cases physicians have been unable to administer phenolic or salicylic derivatives at all, or in a sufficient quantity to produce useful effects, on account of their toxic character. Salophen can be safely given in doses sufficient to obtain the full effects of the drug; therefore it would seem that, as the safest medicament is the best to use, so this drug will take the place of the other salicylic derivatives. Dr. W. H. Flint, attending physician at the Presbyterian Hospital, New York, reports a number of cases of acute rheumatism where this remedy has proved highly successful. On the second or third day of the treatment the pains were relieved, the redness dispelled and the temperature reduced to the normal point.

Burns. Thoroughly cleanse the burns, then wash with a three per cent carbolic, or three per cent salicylic acid solution. The blisters are removed under antiseptic precautions and a powder of equal parts of subnitrate of bismuth and powdered starch thoroughly applied. This is covered with layers of cotton, which are removed as they become saturated with the secretions, except the one next the wound. This dressing may be left undisturbed for one, two or four weeks. In most cases pain disappears in a few hours after applying the bismuth. In burns of the face the writer uses the powder with no other dressing.—*From the Boston Medical and Surgical Journal.*

Brain-work and Blood-supply. Among the good things in the November *Popular Science Monthly* is an article by Dr. T. Lander Brunton on "Posture and its Indications." That brain-work depends on blood-supply he illustrates thus: "An experience of my own once showed me how very dependent the brain is upon the supply of blood. I was called upon one night after a long day's work to write an article immediately. I sat down with pen, ink and paper before me, but not a single idea came into my head, not a single word could I write. Lying back, I soliloquized: 'The brain is the same as it was yesterday, and it worked then; why will it not work to-day?' Then it occurred to me that the day before I was not so tired, and probably the circulation was a little brisker than to-day. I next thought of the various experiments on the connection between cerebral circulation and mental activity, and I concluded that if the blood would not come to the brain the best thing would be to bring the brain down to the blood. I laid my head flat upon the table and at once my ideas began to flow and my pen began to run across the paper. I thought, 'I am getting on so well, I may sit up now,' but the moment I raised the head my mind became an utter blank, so I put my head down again flat upon the table and finished my article in that position. Stimulation of some branch or other of the fifth nerve seems to increase the circulation in the brain, and those who are making their utmost calls upon their mental powers are accustomed to stimulate this nerve in one way or another. The late Lord Derby used to eat brandied cherries, and an experiment of Marey's proves that mastication will accelerate the flow of blood through the carotid artery, and serves to show the wisdom of an editor whom I knew who used to eat figs while writing a leading article, and even of those who indulge in the practice, so disagreeable to their neighbors, of chewing tobacco."

Psychological State of Berkman. In the last number of the *Alienist and Neurologist*, Dr. Theodore Diller of Pittsburg discusses the psychological state of Berkman, the assailant of H. C. Frick. In conclusion, Dr. Diller says it seems to be very probable that the man belongs to that dangerous class of insane which has been brought to public attention only too frequently of late years through such occurrences as the attempt on Dr. Hall's life, the persecution of the actress Miss Mary Anderson, the assassination of President Garfield, and whom the newspapers call "cranks," and whom alienists now pretty generally denominate as paranoics.

Value of Hypnotism. From the *Alienist and Neurologist* we learn that a leading medical journal of Hungary lately interrogated the principal continental neurologists concerning their skepticism or faith in hypnotic suggestion. The following is the summary of the replies received: "Charcot, Paris, believes that therapeutical suggestion in the hypnotic state is of value only in a minimum number of nervous diseases, notably hysteria. Pitres, Bordeaux, says that it constitutes but a subordinate chapter in modern neuropathology. Lombroso thinks it probable that a repeatedly hypnotized person may, finally, by gradual obtunding of the moral sense and weakening of the will power, be led to perform criminal acts at first impossible to him. Benedikt, Vienna, characterizes the so-called hypnotic suggestion as a colossal humbug. Hitzig, Halle, utterly denies that any healing power can be exercised through hypnotic suggestion in organic diseases. Binswanger, Jena, says that the therapeutic field covered by hypnotism is limited to a few symptoms in diseases of the nerves, and that even these cannot be permanently relieved by its slender agency.

Physical Exercise for Women. From the *Review of Reviews* we learn of a recent article by Dr. Richardson of London, on physical exercise for women. He says that no changes which have come over our social life in the last twenty years are more remarkable than the physical training and education of women. Dr. Richardson thinks swimming is the best of the athletic sports. There is no exercise whatever that brings into more regular and systematic play the muscles of the body in a regular order. Lawn tennis is admirably adapted to women. The bicycle is better than the tricycle. The doctor does not know a woman who has tried the bicycle in moderation who has not been benefited by the exercise. Woman is stronger than she was in olden time. She has gained in development of body and of limb. She has become less distortioned. The curved back, the pigeon-shaped chest, the disproportioned limb, the narrow, feeble trunk, the myopic eye and puny, ill-shaped external ear—all these are becoming of better and more natural contour. There are growing up among women models who may in due time vie with the best models that old Greek culture has left for us to study in its undying art.

Large Renal Calculus. Dr. J. H. Kellogg of Battle Creek, Mich., recently performed a nephrectomy, removing with the organ a renal calculus weighing 137 grams, the largest of the kind removed during life, of which the operator has found any record. The patient made an uninterrupted recovery.

Specifics for Cure of Inebriety. In a late number of the *Popular Science Monthly* is an article of unusual interest just at this time, entitled "Specifics for the Cure of Inebriety." Within two years a large number of charlatans have appeared, claiming to have found remedies and specifics for the certain and permanent cure of the drink disease. Recently one of these empiric specific cures has led all the others in boldness and prominence. Large numbers of persons who claim to be cured have organized into clubs and displayed hysterical enthusiasm to prove the reality of their cure and the greatness of the projector. Dogmatic statements and bold assertions, coupled with savage criticism of those who dare to doubt, together with half-truths and wild theories, mark all the literature of this specific. The commercial side is equally startling and Napoleonic as a business

success. The existence of this cure depends on a psychological subsoil, which would favor the growth and culture of any remedy involved in mystery and promising marvelous cures in a brief time. The present epidemic wave is hardly up to the average of former empiric efforts in adroit manipulation of the credulous public. In all these inebriety cures there is a coarseness of methods, with brazen assumptions and display of pecuniary motives, that quickly repel all except the unthinking. The very spirit and hurry of the movement suggest a full recognition of the brevity of the work and the need of active labor before the "night cometh when no man can work." Inebriety is literally an insanity of the border-line type, and a general condition of central brain defect, unknown, and at present beyond the power of any combination of drugs. The specific epidemic delusions for the cure of inebriety will quickly disappear, as others have done before, and its real value to science and the world will appear from future psychological studies.

Influence of Chloroform on Labor.

New Remedies says that Dr. Doenhoff has made a study of the influence of chloroform on labor, with the result of finding that the uterine contractions lost nearly half their original energy, and even in slight narcosis they assumed an irregular character. In deeper narcosis the pauses became equal in length, and the pains equally feeble. As the subject recovered from the narcosis more power uterine activity was manifested, but the contractions were a long time before they recovered the vigor of the pre-narcotic period. The number of pains during narcosis fell off from 20 to 25 per cent.

Treatment of Metrorrhagia.

In certain cases where ergotin, hydrastis, ice and tampons are alike incapable of arresting the hemorrhage, a hypodermic injection of sulphate of atropine has been recommended. It is given in doses of 1-200 of a grain twice daily. Two or three cases are reported where the hemorrhage continued day after day for a fortnight, and where it was arrested after two or three injections of the atropine.

Antipyrine in Epistaxis.

Dr. E. G. West of Boston says that he knows of no agent so reliable in epistaxis as antipyrine. A pledget of cotton is saturated in a solution of antipyrine and introduced into the nostril, or the dry powder may be introduced. He has never known the bleeding to continue after such an application.

Peroxide of Hydrogen a Wound Sterilizer.

Among the antiseptic washes there is one which is being recognized as most important in maintaining surgical cleanliness. Its purpose is to thoroughly sterilize the wound before it is closed. This preparation is the peroxide of hydrogen, and preferably Marchand's. It is useful also in cleansing off ulcers, sloughs, gangrenous tissues, chancres, diphtheritic patches, in cleansing sinuses and suppurating cavities. As a cleanser in foul gangrenous growths its local action is all to be desired. Dr. Geo. W. Pierce of Brooklyn thus writes to the *New England Medical Monthly* for November.

A New System of Heating, Ventilating, etc.

The above journal also contains an article by Dr. Wm. A. Hammond of this city, on a new system of heating, ventilating, refrigerating and disinfecting towns, buildings and ships. The system advocated is that known as the Tymby. The Tymby system is so simple in its construction and action that it seems strange that the principles involved have not hitherto been employed. It consists essentially of a tall pipe or chimney through which pure air is supplied to the mechanism, a blower by which the air is set in motion, a system of pipes containing hot water when it is desirable to heat the air, and a cold moisture when it is proposed to cool it, over which this pure air flows, but in additional pipes which lead from this heating or cooling center to the building or rooms which it is intended to heat or refrigerate. These pipes pass through a conduit, which may be of iron, or where a large one is required in the streets of the city, of brick or cement. This conduit is tapped for each building into which the hot or cold air is to be admitted and is then conducted throughout the structure as

may be necessary. During the winter of 1891–1892 the system has been in operation, so far as heating is concerned, in the Lawrence Building, 615 and 617 Fourteenth St., Washington, D. C. This is a building containing between forty and fifty rooms used for offices. The tenants, business and professional men, are unanimous in their declaration that never before, during any winter, have they been afforded so equable a temperature and so pure an atmosphere as that supplied to them by the Tymby system. So far as cooling the rooms is concerned, this can be said: During the past summer, when the temperature in the street was from 95 to 100 degrees, in this building, under the Tymby system, it was possible in a few minutes, to reduce the temperature to 50 degrees and to keep it there continuously; one room may be kept at 50, another at 60 or 70 and so on. By a very simple arrangement rooms can be thoroughly disinfected in a short period of time. These are but a few of the many advantages of this new system. The system is in operation in the Lawrence Building, 615–617 Fourteenth St., Washington, D. C., and can be seen by those desirous of witnessing its efficiency.

Sulfonal, for Bromide of Potassium.

Dr. Hinsdale of Philadelphia has reported a number of cases of the successful use of Sulfonal in cases usually treated by the bromides, and, especially, the bromide of potassium. His conclusions are as follows: "The best results from Sulfonal are in those cases where the bromides cause so much skin trouble or mental disorder that their quantity must be lessened or altogether suspended; then Sulfonal becomes valuable." In a discussion upon Dr. Hinsdale's report, Dr. Dercum said: "Sulfonal has, in my experience, a decided value in diminishing the number of epileptic attacks. In a number of instances I have succeeded in markedly diminishing both the violence and the frequency of the seizures by very moderate doses of the drug, and its chief value seems to be that it can be administered for quite long periods in place of the bromides, thus enabling the patient to rally from the depressing effects of the latter."

Treatment of Renal Calculi.

In a recent number of the *New York Medical Journal* is an article by Dr. Goodwin of Alabama, reporting a case of nephritic colic, where the attacks had been frequent for a number of years. Almost invariably a calculus was passed after each paroxysm. Recently, however, the paroxysms were so frequent that the colic was almost constantly present. Opiates and other anodynes were freely used. The patient's nervous system was shattered and his life most miserable. Dr. Goodwin induced his patient to visit the Buffalo Lithia Springs, Va. After a few weeks' use of the water there commenced a free dis charge of calculi and sand which continued for some three weeks, gradually diminishing, and ceasing altogether. The patient fully recovered his former health. Dr. Goodwin says that in his own case these waters cured him of repeated paroxysms of nephritic colic, lasting from two to several hours each. His general health, which had become greatly impaired, was fully restored, and as yet he has had no return of the trouble.

Value of Cannabis Indica.

Dr. J. B. Mattison, of the Brooklyn Home for Habitues, in writing for *New Remedies*, says that Cannabis Indica deserves a much larger share of professional favor. Various causes have led to its disuse. One, a fear of its toxic power. Dr. Mattison says this fear is groundless. Indian hemp is not a poison, and not a case of death from its use is on record. He has given it in many cases, in hundreds of doses ranging from thirty to sixty minims of the fluid extract and has never had any anxiety along toxic lines. In spasmodic and painful affections it has marked curative powers. It allays the intense itching of eczema, so as to permit sleep. But its most important use is in migraine. Hemp eases pain without disturbing stomach and secretions, so often as opium, and competent men think it both calms and cures. The tincture—3 grains to the drachm—may be given in doses of 10 to 40 minims; fluid extract, 5 to 20 minims; solid extract, ½ to 2 grains each hour or two. The wise way

is a minimum dose at first, and repeated or increased till pain subsides, or systemic effect, without effect, proves it a failure. In headache, periodical or long continued, ½ to 2 grains may be given every hour or two till the attack is arrested, and then a similar dose morning and night for weeks or months. It is important not to quit the drug during a respite from pain.

Treatment for Nervousness.

The *Popular Science Monthly* always contains something of interest to physicians. In the November number is an article by Dr. Bilsinger on the cure of modern nervousness. He says that extravagant as the patients may venture to be in the enjoyment of fresh air, they should be more careful against excessive applications of water. They should always remember that man is not a water animal but an air animal. If in anything, a close adaptation of the treatment by the physician to the individual is particularly necessary in respect to the treatment of nervous patients with water. By the abuse of water in nervous diseases that most sovereign of all remedies has, after a short period of popularity, come into discredit. It is certain that a too indiscriminate application of water is a double poison to nervous patients. It is, on the other side, incontestable that water applications in the right measure, and in a manner adapted to the character of the affection, are excellent. Equally advantageous for them are going barefooted when properly prescribed, and the air bath. In connection with the water and air cures certain respiratory and muscular exercises are advantageous and may, in certain advanced stages of the disease, be applied passively by massage and similar operations. Among other things, gardening and other occupations in the open air are of great benefit. Unhappily, in the large cities, where the majority of the patients live, there are only a few so fortunately situated as to be able to enjoy such employment to any considerable extent. Those who are able to go clear into the country, and work in the fields and woods in the sweat of their brows, will perhaps, if they are prudent and other conditions are favorable, effect a happy cure of their nervous disorders.

Prevention and Treatment of Puerperal Fever.

The New York *Journal of Obstetrics* for November has a very complete article by Dr. A. L. Smith, Professor of Gynæcology in Bishop's College, Montreal, on the prevention and treatment of puerperal fever. At the close of the article are seventeen conclusions. Among these are the following: In the majority of cases of confinement no internal examination is necessary; midwives, students and nurses should be strictly forbidden to make such examinations; drainage from uterus and vagina should be favored by allowing the delivered woman to sit up on the chamber to pass water and empty the bowels, and by forbidding her to lie on her back; raw surfaces should be immediately closed, no matter how small; treat rise of temperature with hot antiseptic vaginal douches; the only drugs for internal use are quinine and alcohol; the coal-tar antipyretics mislead, besides they paralyze the heart, on the endurance of which the life of the patient greatly depends. It occurs to us that this journal is almost indispensable to every active practitioner.

Chloroform Narcosis During Sleep.

Dr. W. P. Northrup relates a case in the *Medical Record* where chloroform was successfully administered during sleep, without awakening the patient. The child was twenty-two months of age, and the anesthetic was administered in order to remove some foreign body from the nose. In a medico-legal sense the case is of especial value.

Ice-water Injections in Intestinal Diseases.

In the last number of the *Therapeutic Gazette* is an article by Dr. J. L. Salinger, of the Jefferson Medical College, in which the writer advocates the use of ice-water injected into the bowel, for the intestinal diseases of children. No ill effects follow; on the contrary, the patient seems to enjoy the cooling effects of the water. For the midsummer diarrhœas of children accompanied by vomiting, loss of flesh, and fever, the ice-water injections are almost a specific.

Book Reviews.

MANUAL OF PRACTICAL MEDICAL AND PHYSIOLOGICAL CHEMISTRY. By Charles E. Pellew, E. M., Demonstrator of Physics and Chemistry in the College of Physicians and Surgeons of New York. 28 illustrations, besides eight plates, 314 pages. D. Appleton & Co. 1892. For sale by Brentano, of this city. Price, $2.50.

This text-book is the result of a study on the part of the author to give to medical students a course of chemical instruction of especial value to physicians. The trouble with many of our medical schools is that too much pure chemistry and too little medical chemistry is taught. Medical students intend to be physicians, not chemists. This idea Professor Pellew must have had in mind when he wrote this excellent book. It consists of thirty lessons of such a character that each lesson has some bearing upon the student's other work. What other text-book carries out this idea? Here we find lessons on true physiological chemistry; foodstuffs, their products of assimilation, the different fluids and tissues of the body, and the latest clinical tests. The lesson on milk is of especial interest, especially the tests given for breast milk. This is a most important subject to every physician, yet until recently but little attention has been given it. When we consider its relation to the digestive disorders of nurslings it is surprising that the subject has been so lightly touched upon. This work must speedily find its place on the list of text-books of our medical schools.

A MANUAL OF THE PRACTICE OF MEDICINE. Prepared especially for students. By A. A. Stevens, A. M, M. D., Instructor of Physical Diagnosis in the University of Pennsylvania, and Demonstrator of Pathology in the Woman's Medical College, Philadelphia. Illustrated. Pp. 500. Price $2.50. Publisher, W. B. Saunders, 913 Walnut Street, Philadelphia.

The author presents this book to the public under the belief that there is a real need for books which present their subjects in an assimilable form. And this is certainly most eminently true of those books designed for medical students. How can the student be expected to read exhaustive works on each of the several subjects which he has heard discussed in the lecture room? In fact, with three or four hours daily in the laboratory, besides the lectures, when has he time for such work? Truly the medical student must exclaim with Pope, "Half our knowledge we must snatch, not take." Therefore, to medical students do we heartily commend the book. It is clear, condensed and complete in its way.

FAITH HEALING, CHRISTIAN SCIENCE AND KINDRED PHENOMENA. By J. M. Buckley, LL. D. 8vo. Pp. 300. The Century Co., New York. 1892.

A very interesting book, indeed, and written by a man who has given much time and thought to the investigation of those subjects which depend upon mental states. There are six chapters, discussing faith healing, astrology, divination and coincidences, dreams, nightmare and somnambulism, visions and apparitions, witchcraft, Christian science and mind cure. Dr. Buckley tells us that "faith cure, as now held by many Protestants, is a pitiable superstition, dangerous in its final effects." "Its tendency is to produce an effeminate type of character which shrinks from pain and concentrates attention upon self and its sensations." This chapter is intensely interesting and can be read with profit by all. The book, as a whole, is one that is in accord with the beliefs held by our profession, and we commend it for the pleasure and profit that will come from its perusal.

DISEASES OF THE LUNGS, HEART AND KIDNEYS. By N. S. Davis, Jr., A. M., M. D., Professor of Principles and Practice of Medicine, Chicago Medical College; Author of "Consumption, How to Prevent it and How to Live with it," etc. No. 14 in the Physician's and Student's Ready-Reference Series. In one neat 12mo volume of 359 pages. Extra Cloth, $1.25 net. Philadelphia: The F. A. Davis Co., 1231 Filbert Street.

This volume comprises a part of the topics lectured upon by Professor Davis for several years in the Chicago Medical College. The clear and concise manner of the author has enabled him to present his subjects especially full for a work of this size. He does stop to discuss but states his ideas in positive terms. The directions as to the time when drugs should be given, and the effects to be expected from them, are set forth with much exactness. The four medical colleges of our city should make a good sale for this book; for while it is useful to the physician it is of especial value to the medical student.

OVER 1,000 PRESCRIPTIONS AND FAVORITE FORMULÆ FROM AUTHORS, PROFESSORS AND PRACTICING PHYSICIANS. Cloth, 12mo, postpaid, $1.00. The Illustrated Medical Journal Co., Detroit, Mich.

The various formulæ contained in this volume are practical prescriptions of

new and old remedies for the various types of diseases that affect mankind. They are the favorite ones, of the various authorities, for the diseases indicated. The index is full and complete, thus rendering the whole book easy of access. The volume is copiously interleaved, so that on the blank pages can be recorded, by pasting or copying with pen or pencil, any other prescription suitable for any disease that is on the opposite page of the book; the complete index thus indexes each new formula you may see fit to copy into the pages of the volume. The whole is comprised in a handy cloth-bound volume of nearly 300 pages, and will be mailed to any address upon receipt of its price by the above publishers. It is the very best book of its kind that we have seen.

LEONARD'S PHYSICIAN'S POCKET DAY-BOOK. Bound in Red Morocco, with Flap, Pocket, Pencil, Loop and Red Edges. Price, postpaid, $1.00. Published by The Illustrated Medical Journal Co., Detroit, Mich.

This popular day-book is now in its 15th year of publication. The front part of it is occupied with dose tables and other useful pocket memoranda. It is good for thirteen months, from the first of any month that it may be begun, and accommodates daily charges for 50 patients, besides having cash department and complete obstetric records. There are also columns for the diagnosis of disease, or for brief record of the treatment adopted, following each name-space. Name of patient needs to be written but three times in a month. The book is 7½ inches in length, and is 3½ inches wide, so that it will carry billheads or currency bills without folding. It is bound in flexible covers, and weighs but five ounces, so that it is easily carried in the pocket.

A STUDY OF THE COMPARATIVE ACTIONS OF ANTIPYRINE, PHENACETINE AND PHENOCOLL, on the circulation and heat phenomena. By Drs. Cema and Carter of the University of Pennsylvania.

This interesting record of exhaustive research concerning these three leading antipyretics can be obtained by addressing the publishers, Lehn & Fink, 128 William Street, New York.

AN OPERATION FOR THE RADICAL CURE OF STRICTURE OF THE LACHRYMAL DUCT. By Chas. H. Thomas, M. D., 1807 Chestnut Street, Philadelphia, Pa.

THE THERAPEUTICAL EFFECTS OF ANTIKAMNIA. By Hugo Engel, M. D. For copies address The Medical Summary, P. O. Box 1217, Philadelphia, Pa.

Letters to a Young Physician.

MY DEAR DOCTOR:—The clipping you enclose I now return to you. "Wishing to devote my entire attention to a specialty in a larger city, I will sell my practice, which pays from $8,000 to $10,000 a year, to a thoroughly competent man for $5,000 cash." Now, this reads well, as you say. By paying five thousand dollars you can get at least eight in return; your first year's work netting you three thousand dollars; and after that you have from eight to ten thousand a year. I am glad to know, too, that the prospective Mrs. Doctor will have the five thousand to invest if you think best. But I do not think it best. If this doctor would sell you five thousand dollars' worth of real estate, or of horses, carriages, office, etc., and will throw in the "practice" or "good will," for the sake of making the cash sale, then the subject is open for discussion. But to pay that much for a good will is not wise. In fact, I, for myself, would not pay any man a single dollar for his "practice." There are offices, locations, outfits, and such that it might be wise to pay a good price for, but not for "good will" alone. Why, think of it, some awkward, poor, young graduate might come and settle next door to you, and inside of a year take the best of this eight thousand practice from you. It is one thing to purchase the good will of an $8,000 professional business from an old practitioner. But, my dear doctor, remember it will take at least an eight-thousand-dollar brain to hold it. If this man has the business he states, he is a man of unusual professional attainments; has the confidence of the people which comes only from long residence among them; and, also, has rare business ability. Even with the first and third, you cannot retain this purchased practice without the second. The doctor's introduction will amount to but little. The people will soon find you out and will place you just where you belong. Therefore, I say again, if you have five thousand dollars cash, or if your father has it for you, do not try to buy somebody's brains with it!

Very sincerely yours,

THE REVIEW.

THE
NATIONAL MEDICAL REVIEW.

VOL. I. WASHINGTON, JANUARY, 1893. No. 11.

THE EDITOR'S TABLE.

Value of Statistics.

It is often said that anything can be proved with figures, and that statistics are many times misleading. Be this as it may, there are some published facts concerning the value of certain treatments that are confusing to say the least. For instance, in the city of Philadelphia there has been an epidemic of diphtheria. In one report, some weeks ago, there had been over 3,000 cases, with a fatality of about 40 per cent. Are we to infer from this that the modern treatment of diphtheria is successful in only 60 per cent of the cases? Yet in the March number of this journal Dr. Robert Reyburn of this city reported twenty-five cases of diphtheria treated by him without the loss of a single case. Shall we conclude that this treatment is universally successful? If so, who is responsible for the death of the 40 per cent at Philadelphia? But, again; the death rate of cholera is nearly 50 per cent. This is about the average of deaths in former epidemics, and in the epidemic of 1892 we are informed the death rate was about the same. By the irrigation method of Dr. Elmer Lee of Chicago, as reported in this number, the death rate is reduced to three in twenty-seven cases. Are we to conclude that forty of the fifty deaths in every hundred could have been saved by this method? If so, then what are we to say to the results of Dr. S. A. Keene of Baltimore? Dr. Keene had considerable experience in the epidemic of 1866 among the oystermen at work in the Chesapeake Bay. He had abundant testimony that the dredgers "were dying like sheep; a whole boat's crew, numbering six, died during one night." The doctor tried a plan of treatment, which he gives in the *Maryland Medical Journal* for December 10th, and 16 of his 17 cases recovered. It would seem that no record could excel this. If it is possible to save this large per cent of cases, who is responsible for the great number of deaths? And why try a hundred new methods if here is one so generally successful? From all this we cannot refrain from asking, What is the value of the statistics in such cases?

Prevailing Diseases.

Would it not be wise for our local Medical Society to set apart thirty minutes of each meeting for the consideration of "prevailing diseases"? Much profit of a most practical nature could be derived from such discussions. It appears to us that if more attention were paid to those things which enter into the everyday life of the active practitioner, our meetings would be better attended and a larger amount of enthusiasm engendered.

With such an "order of business" many valuable facts could be brought forth for the good of all.

Collective Agency. Why this awful stillness that hovers about this great philanthropic enterprise? Are the doctors satisfied with paying their first six months deposit, without giving said agents anything to do? Although we have asked a number of subscribers if they have given any work to these parties, yet so far we have failed to find one who has so ordered.

Visit of Dr. Lee. The Medical Society of this city, on the evening of December 7th, was favored with a paper by Dr. Elmer Lee of Chicago. As is known to most of our readers, Dr. Lee was, for a number of months, in the cholera hospitals of St. Petersburg, Hamburg and other cities. An abstract of the doctor's paper is found in this number of the REVIEW. While we believe it has been satisfactorily proven the comma bacillus is the cause of cholera, yet, of course, we give to Dr. Lee the right to say such is not the case. Therefore, while we cannot accept all of the views held by our distinguished visitor, yet we desire, in this public manner, to thank him for his visit to our city, and for the social hours spent together.

Clothe the Children. We are receiving the usual supply of calendars for 1893, and many of them cause a sharp pain of sympathy as we behold the naked little children holding out for us the cold month of January. How these poor little things will suffer before the winter is over! Imagine the anxious hours spent with the sore throats and the croup! Will our calendar makers please clothe their children, at least during the winter? We have also a beautiful calendar presented by a firm which makes a specialty of preparations of cod liver oil. January, February and March are illustrated by a highly colored picture of a girl, clad as though she were about to leap into the bath! If she holds out during all these three months we fear even then the cod liver oil she advertises will not save her! Will our calendar makers please consult the "Hygienic Underwear Company"?

Is This Our Own? In a late number of the New York *Tribune* is a notice of the arrest of a Dr. Thos. Cecil. The doctor was arrested on a warrant obtained by the County Medical Society and charged by them with practicing medicine without being registered. Dr. Cecil said he was taking a special course in surgery and did not intend to live permanently in New York. He said he was called up in the night to attend a case of asthma in the hotel at which he was stopping. However, the result was that the Justice held the prisoner in $200 bail for trial at Special Session. Still later we noticed in another daily that this same party was again under arrest. This time the warrant was issued on the statement of Dr. J. V. Standish, clerk of the Bellevue Hospital Medical College. Dr. Cecil is charged with saying that Dr. Standish had told him on two occasions that for five hundred dollars he (Dr. Standish) would procure a Bellevue diploma for him. Dr. Cecil says he is "the victim of a despicable persecution, at the head of which is Dr. Austin Flint of the Bellevue College." Can it be true this is our own Dr. Cecil; the one who boarded at a large private boarding house and sent such large bills to so many ladies with whom he chanced to converse on health topics? Is it the same Dr. Cecil who was rejected as an applicant to our Medical Association? It is astonishing why he ever left us, for this appears to be the promised land to all such!

THE PROGRESS OF MEDICINE.

Who Discovered America?

I have a little matter, medico-historical in its nature, to submit for your consideration. In the past four weeks we have been doing considerable whooping and hurrahing for Columbus—that is, if we are average Americans we have. We have been told that Columbus discovered the New World in 1492, but, according to a recent work, "The Regulations and System of Ethics of the Medical Association of the District of Columbia," issued at Washington, D. C., in the month of January, 1890, history is all wrong. We note on page 13 of this very interesting publication that Dr. Charles McCormick was elected to membership in our local Association in the year 1335! The question naturally arises: If Columbus discovered America in 1492, what about Dr. McCormick, who was here in 1335, just 157 years before Columbus? Did Dr. McCormick discover the Medical Association, and if so did he discover America at the same time? It is important that we establish this fact, for it would entitle our Association to first rank in this country by seniority. Should not local pride compel us to announce this fact? I have always had the greatest respect for our Association, though lamentably ignorant of the fact that its honorable brow was so gloriously crowned with hoary age.

I notice that Dr. McCormick did not die here, but "removed from the District." Did a prophetic intuition forewarn him of the coming of Columbus, and did his peace-loving spirit cause him to "flee the wrath to come"? Or was he, by reason of those manifold virtues peculiar to our profession, translated bodily like Elijah?

CHARLES MILTON BUCHANAN.
217 D St., N. W.

Antiseptic Surgery in Paris.

At the meeting of the Medical Society of this city for October 26th, Dr. Robert Reyburn read a paper on Antiseptic Surgery in the Hospitals of Paris in 1892. After reviewing the history of the growth of our knowledge of bacteriology, the author described some of the leading hospitals in Paris. He was especially pleased with the Hospital Bichat, "an ideal hospital." There are only about 120 beds in the hospital, but it is used only for operations. Here Dr. Reyburn met Dr. Henri Hartman whom the doctor regards as one of the great surgeons of our times, and yet he is only 32 years of age. At this hospital antiseptic surgery is carried out with a perfection of detail and with a success which he had never seen equaled elsewhere. At this hospital they start out with the assumption that if an operation is aseptically performed by an aseptic operator on an aseptic patient, there should be neither fever nor suppuration following. If rise of temperature takes place the operator is at once attacked and blamed for imperfect surgery. If an operator has three or four such cases in succession, he is nicknamed by his associates, *cochon sale* (a dirty hog). The paper closed with the detail of cases as witnessed in this hospital by the author.

Remarks by Dr. I. S. Stone.—In discussing this paper Dr. Stone said that all surgeons desire asepsis—that is, cleanliness. While in Berlin and Paris surgeons were operating in rooms filled with the carbolic spray, Bantock was using boiled water. He conceded to Johns Hopkins Hospital the credit of originating one of the most complicated surgical techniques, but the question was as to its practical value in the general run of surgical cases. The surgeon would not get such brilliant effects except in recent surgical conditions. If the pus has been confined for any length of time there will be more or less systemic infection, and it would be preposterous to suppose that the minutest details of the operation for the removal of the local accumulation would eradicate this general poisoning and cause speedy cures without fever, debility, etc. If the formation of pus in a cyst be acute, then the patient should quickly recover after its removal. The sum and sub-

stance of the surgeon's success is cleanliness. It is hard to get rid of germs, as they are reproduced so rapidly; so we should aim at cleanliness and not depend upon the use of chemicals to kill them. In spite of all the precautions used at the Johns Hopkins Hospital pus will frequently occur along the suture tracts. Some surgeons wanted us to believe that their good results were to be found in the chronic as well as in the acute purulent formations. He thought it was our duty to repudiate such statements.

Remarks by Dr. A. A. Snyder.—Dr. Snyder said that in very many cases great care was exercised to carry out the details in the primary dressings and then disregard the theories of asepsis in subsequent ones. He thought surgeons would have far better results if they were as careful in all dressings as in the first. He had seen surgeons in some of the hospitals of this country make a great parade of preliminary precautions as to toilet and then just before or during the operation be guilty of some filthy or disgusting practice. The observance of details is the keynote to the surgeon's success.

Malignant vs. Benign Growths. At the meeting of the Society for November 2d, Dr. E. A. Balloch read a paper on "The possibility of malignant degeneration in benign growths." This paper appears in full in the *Medical News* for January. Through the courtesy of the publishers of that journal, Lea Bros. & Co., we are able to make an advanced abstract of the paper.

Dr. Balloch stated that he had always believed that benign growths were prone to undergo malignant degeneration. Recently, however, he had investigated the subject with some care and had reached conclusions somewhat less sweeping. His attempt would be to answer the following question: Are there any facts to show that the so-called benign growths ever take on malignant action? After stating that such a belief had long been an article of the surgical creed he summarized the views of leading surgeons and pathologists, most of whom pronounce in favor of the comparative frequency of such a change.

The present theory of tumor-growth was analyzed and shown to contain nothing inconsistent with the possibility of such a change. Emphasis was laid on the fact that the mesoblastic group of tumors, containing as it does benign and malignant, metastatic and nonmetastatic growths, realized the conditions most favorable to a change of this kind.

Attention was then called to irritation as a factor in developing malignant action and the question raised as to whether the irritation produced by a benign growth might not predispose to malignant action in such a growth. After stating the limits surrounding an endeavor to arrive at the facts in a question like this, the speaker took up and critically examined ten cases in which it seemed shown beyond reasonable doubt that such a change had taken place. In most of these cases both the innocent and malignant growths were of the mesoblastic type. The following conclusions were reached:

I. That benign tumors may undergo malignant degeneration has been accepted as true by most clinical observers and pathologists.

II. That there is nothing in the modern theory of tumors and tumor formation to contraindicate the possibility of such a change.

III. That the facts now on record are sufficient to show that such a change may and does occur, although but rarely.

IV. That the change is more frequent in growths of mesoblastic origin and more particularly in the so-called uterine fibroids than in any other class of neoplasms.

Remarks by Dr. C. W. Brown.—Dr. Brown gave the details of a case where a benign tumor of the testicle was removed from a man aged thirty-five. Some years after its removal his attention was called to its return in a malignant form.

Remarks by Dr. J. Ford Thompson.—Dr. Thompson said that last spring he expressed the opinon that nonmalignant tumors never degenerated into malignant, and he still adhered to that opinion. The question of possibility was not under discussion. We all know that anything is possible in nature. He did

not think that Dr. Balloch's paper contained a single statement to prove that benign growths became malignant. While the opinions of distinguished pathologists and surgeons were quoted to sustain the author of the paper, yet not one of these state positively that such changes had been verified by them. They all state the possibility, but does that prove anything? He contended that it did not. The question is not on the possibility, but how many does the surgeon see? While all surgeons admit of a hereditary tendency in some families to malignancy, can they say that innocent growths on such an individual are more liable to undergo malignant degeneration than normal tissues? It is admitted by some that malignant growths are prone to attack lacerations of the uterine cervix, but the weight of authority is against this view. Dr. Thompson concluded his remarks by repeating the statement that the author of the paper had not proven that benign tumors become malignant, but had only given the consensus of opinion on the possibility of such changes.

Remarks by Dr. D. S. Lamb.—The discussion of Dr. Bullock's paper was continued at the meeting of November 9th. Dr. Lamb called attention to the relation of sarcoma to cartilaginous tumors. Sarcomas are tumors that are formed on the type of connective tissues; the cells, however, predominating over the intercellular substance. In this respect these tumors resemble immature connective tissues; so that the comparison of sarcoma to embryonic formative tissue is appropriate. They originate, invariably, in tissues of the connective tissue group; that is, in fibrous, cartilaginous, bony, mucous, lymphoid and adipose tissues. At the advancing margins of the growing tumor, one may find all kinds of transitional forms, from the small cells of the connective tissue to the large cells of the tumor. The subdivision of the fixed cells may be demonstrated in bone and cartilage. This multiplication occurs sometimes in non-vascular cartilage, or in bone at a distance from the vessels; in such case there is no opportunity for cell infiltration to take place from neighboring parts. The part, therefore, played by the individual sarcoma cells is more readily followed. Virchow has shown that sarcoma cells may arise by proliferation of connective tissue cells which are to all appearances perfectly normal. This occurs in many cases. But the formation of sarcoma cells may also occur in tissues already altered. New-formed cartilage may pass into sarcoma by over-intense proliferation of cartilage cells and disappearance of the matrix substance. Again, cells of connective tissue in congenital growths, like warts and pigment spots, may often serve as starting points for sarcoma. What we know of the development of sarcoma may be summed up in this statement, namely, that sarcomatous tumors may arise entirely from connective tissues which up to that time appear to be normal, or they may arise in tissues already diseased. Turning now to cartilaginous tumors, we find that usually they are of the homogeneous variety, although there are also patches in which fibers are found. The cells in these tumors vary in shape, size, number and grouping. Many such tumors abound in cells, while the intermediate substance is scanty. Sometimes the cells are large, sometimes small; sometimes with capsules, sometimes without. The cells are usually spherical but are also often fusiform or stellate, especially near the fibrous septa which separate the lobules. In cartilaginous tumors wherever the cartilage cells are multiplying rapidly, sarcomatous tissue may be produced.

Remarks by Dr. A. F. A. King.—Dr. King said that while he had only studied the question superficially there were some general considerations which led him to side with those who regarded the transition of benign growths into malignant ones as being at least possible. In the history of every organ affected with a malignant growth there must have been a time when its histological elements were *normal.* Hence either these normal cells must have been *directly* transformed into malignant ones or there must have intervened some transitional forms, or neoplasms, of a benign character. The direct change from a normal condition to that of malignancy appeared less prob-

able than gradual transitional changes through a series of so-called benign but abnormal formations. Gradation—gradual transition—from one form to another was a striking characteristic of all organic growths. It was a general law in biology, and applied to complete living organisms as well as to the histological elements of which the organs and tissues of such organisms were made up. Such gradual transmutations were in accord with Nature's methods as expressed in the familiar Latin phrase, *Natura non facet saltem.*

Remarks by Dr. J. W. H. Lovejoy.—Dr. Lovejoy said he could not help believing in the possibility of benign tumors taking on, in many cases, a malignant character. Taking as an illustration cancer, how often do we find cancer arising, as the result of irritation, in situations which have given all the evidences of a previously perfectly healthy condition? We know that localities which commonly receive rude treatment are the frequent seats of cancer. They arise upon the lip precisely at the spot which has been almost continuously irritated for years by the friction of the stem of a tobacco-pipe, which, producing first a hard nodule showing for years no indication other than of a benign character, eventually takes on the malignant form. The œsophagus, the cardiac and the pyloric orifices of the stomach, which are so frequently the seats of injury from irritants, as hot, or caustic, or hard, or rough articles swallowed, the rectum and the uterus are favorite seats of the disease, and it occurs in these after many years of perfectly healthy functional action, dating from the application of the particular irritant from which the disease may be traced.

A young woman receives a blow upon one of her breasts; a lump is left at the seat of the injury; for many years it gives rise to no inconvenience, there is no pain, tenderness or apparent growth of the little tumor, but when she passes middle life very obvious changes are observed and the evidences of malignity are rapidly manifested.

Virchow holds that "Every pathological structure had a physiological prototype, and that no form of morbid growth arises which cannot in its elements be traced back to some model which had previously maintained an independent existence in the economy."

It is held that cancers are composed of cells of epithelial type and connective tissue cells, and such authorities as Virchow, Klebs, Rindfleish and Lücke, among others, maintain that the epithelioid cells of cancer may be derived from connective tissue cells.

If this is true, then the conclusion cannot be considered illogical or at all improbable that cancer, as a type of malignant tumors, may result from changes in a previously benign tumor.

Remarks by Dr. Balloch.—In closing this interesting discussion Dr. Balloch said that Dr. Thompson seemed to believe that the argument was directed toward endeavoring to show that the change was a frequent one. This was not the case. It was distinctly stated at the outset that the paper was directed toward ascertaining whether there were any facts on record to show that such a change ever took place. His endeavor had been to confine the argument strictly to this point. After showing that the almost uniform opinion of surgeons and pathologists was in favor of such a change the modern theory of tumor growth was analyzed and it was shown that there was nothing in it inconsistent with such a change. Ten carefully reported cases were then presented in which it seemed shown beyond reasonable doubt that such a change had taken place. Further analysis showed that in most of these cases both the benign and malignant growths were of mesoblastic origin. This was reasonable, since the difference between the more simple fibroid growths and sarcoma was merely one of the number and disposition of the cell-elements as contrasted with the intercellular structure. These views, he ventured to hope, were not much different from those of Dr. Thompson.

Opinion of Professor Gouley of New York.—Through the courtesy of Dr. C. W. Brown of this city we are able to give our readers the opinion of Professor Gouley of New York on this same subject. Professor Gouley read a paper on this subject before the last meeting of the

New York State Medical Society, and Dr. Brown, who was in attendance, procured from the writer the following synopsis of the paper:

1. Malignant tumors exceed benign tumors in frequency.

2. The malignant tumors comprise epitheliomata, sarcomata and internal adenomata.

3. Among the benign tumors myxomata and external adenomata often recur after excision, but do not infect the system.

4. There is no solid benign tumor that may not become malignant.

5. No means are known by which can be ascertained the precise time of the beginning of metamorphic action in tumors.

6. Most malignant tumors have a stage of benignity.

7. Excision of potentially malignant tumors in the early epoch of their stage of benignity is likely to effect a permanent cure, or at least to prolong greatly the period of immunity from recurrence of the disease.

8. In the excision of malignant tumors the greatest care should be taken to remove as much of the ambient tissues, including fasciæ and lymph glands, as compatible with good judgment.

9. General treatment of tumors has no value except as an adjuvant of a surgical operation, and is often indirectly injurious, leading the patient to expect a cure by persevering in the use of drugs, and thus allowing the disease to make rapid progress toward a fatal end.

10. Local treatment of tumors, by means of escharotic plasters, pastes, or powders, is the most fruitful in evil of all the devices for the torture of the afflicted. The plaster, paste, or powder causes the greater part of the tumor to slough, but there is enough left behind for the most rapid extension of the disease. The effect of the escharotic is, therefore, only to till a soil where new growths sprout like so many seeds cast upon rich loam.

11. Compression is delusive in the case of tumors containing cysts, and is directly hurtful by exciting the rapid growth of most tumors.

12. Expectancy, even in the case of benign tumors, is as unwise as meddlesome medication.

13. There should be no waste of time in endeavoring to make a precise diagnosis of a particular morbid growth, for, after its excision, the microscope reveals the nature of its constituent elements and assists in the establishment of the prognosis, which is the question of greatest importance to the sufferer.

14. What is known of the great fatality of tumors of long standing should induce surgeons to advise the complete removal of all accessible morbid growths as soon as detected, no matter how seemingly trivial or harmless, such as small glandular, fatty, fibrous, and vascular tumors, wens, warts, moles, etc.

15. As soon after excision and as often as a tumor recurs it should be removed, so long as there is any possibility of insuring cicatrization of the wound, even by skin-grafting.

16. Medicinal treatment after the excision of malignant tumors is of much value, even if it consists only in the administration of reconstituent medicines.

Complete Rupture of the Uterus.

At a meeting of the Medical Society of this city for November 30th, Dr. J. Wesley Bovee read a paper on "A case of Complete Rupture of the Uterus during Labor." This paper will appear in full in the February number of the *American Journal of Obstetrics*. Through the courtesy of the editor of that journal, Dr. Brooks H. Wells, we are able to give an abstract of Dr. Bovee's paper two months earlier than we could have done were it not for this favor.

The case recently occurred in Dr. Bovee's service at Columbia Hospital. The cervix was amputated for cancer three years ago. The patient had been in labor but a short time, and the pains were feeble. Suddenly there was profound collapse and the doctor was hastily summoned. The house surgeon, Dr. Scott, in the meantime made a hasty examination and found a large rupture of the uterus, connecting with the vagina. In this opening was presenting the fetal head; and through it could be felt a coil of intestines. Wishing to deliver the woman before death Dr. Scott applied the forceps to the head in the rent and

quickly delivered her of a macerated premature fetus; and immediately afterwards removed through the same opening in the uterus a degenerated placenta. The patient died about three minutes after the removal of the placenta. About eighteen hours after death an autopsy was performed. The tear in the uterus was found in the posterior part of the left side of the cervix and extended from about an inch from the cervical opening upward four or five inches. Connecting with this opening was a tear through the roof of the vagina behind the uterus, extending backward to the right about two inches. The uterine wall was very soft and flabby, and its inner surface covered with a grayish, grumous material. There was no evidence of hemorrhage. The os uteri was surrounded by a thin circular band of cicatricial tissue. After the death of the woman Dr. Bovee learned from her former physician that since the operation for cancer she had an abortion at three months and at that time the os dilated but very little, the fetus was expelled with difficulty, and the placenta was removed with the curette. This important history was unknown to Dr. Bovee at the time the woman was admitted to the hospital. In Dr. Bovee's opinion the cicatrix was the greatest exciting cause of the rupture. This cicatrix was caused by the amputation, and application of the cautery for the removal of cancer, and is to be expected after such treatment in every case. If such scars follow the operation mentioned, then should women who have not reached the menopause, and who have demonstrated their liability to further labors by already having a number of children, be subjected to it? Dr. Bovee thinks they should not. In this case before us the surgeon would have performed a supravaginal amputation or hysterectomy had he not thought the patient had passed the menopause.

Remarks by Dr. Joseph Taber Johnson.—Dr. Johnson said that it is from such cases as these that we learn our lessons. With the history before Dr. Bovee he should have had no difficulty in deciding the right course to pursue. The patient came to him with a letter from her attending physician stating that she had had so many children; that she had had cancer of the cervix uteri, which had been amputated and its base cauterized; that she had subsequently had a miscarriage, and that she was not past the eighth month of pregnancy. With such a history before him, Dr. Bovee had lost the golden opportunity of his life in not operating to give the woman the only chance she had for passing through a well-recognized dangerous delivery. He was mistaken in not having performed either the Porro or Cæsarian operation.

Remarks by Dr. W. P. Carr.—Dr. Carr raised the point of the advisability of amputating the cervix uteri for cancer. He did not think it should be done under any circumstances. If there is cancer of the cervix we should remove the whole uterus. Amputation of the cervix for cancer only stays the cancerous process for a short time. Statistics will show that the cancer returns after the removal of the cervix, while hysterectomy has prevented its return in a large number. Dr. Johnson was mistaken about the letter; it was not received until after the woman's death.

Remarks by Dr. H. D. Fry.—Dr. Fry stated that Dr. Carr had said if the whole uterus had been removed in this case there would have been no subsequent pregnancy. He would remind Dr. Carr of a case in which hysterectomy had been performed and yet pregnancy took place through a fistulous opening, and the woman had an abdominal pregnancy. He thought there was a clear indication for Cæsarian section in Dr. Bovee's case. When pregnancy occurs in a uterus having cicatrices from the removal of a cancerous cervix it increases the danger, and we may be certain that the child will not be born through the natural passages. Either the Cæsarian operation or hysterectomy should have been performed in this case.

Remarks by Dr. I. S. Stone.—Dr. Stone said that it was a lost opportunity if Dr. Bovee knew that the cicatrix was due to cancer of the cervix. In reply to Dr. Johnson, he would say that the Porro operation would not be appropriate in such a case. It would not be advisable to stitch a cancer uterus to the abdomi-

nal walls. The improved Cæsarian section would not be any better. The improved hysterectomy might have saved the woman's life.

Remarks by Dr. Johnson.—In replying to Dr. Stone, Dr. Johnson said that the Porro operation had only been suggested because the presumption was that the cervix was free from cancer. If it was believed that the cancer still existed in the uterus the surgeon would not increase the danger by stitching it to a fresh abdominal wound.

Remarks by Several Doctors.—Dr. Scott thought the rupture was due to the injury done to the weakened walls by the presence of a macerated fetus within the uterine cavity. Dr. Fry said a dead fetus could remain in the uterus for weeks without causing any destructive changes in surrounding tissues; therefore he could not accept Dr. Scott's explanation. Dr. Stone thought Dr. Scott's theory a plausible one, and he gave the details of a case in which putrescent material left in the uterine cavity caused sepsis with purulent infiltration, and consequent weakness of the uterine wall. To this Dr. Fry replied that there was no parallel between the two cases. Dr. Lamb said that it made some difference whether the fetus was simply macerated or putrid. While a macerated fetus would not prove injurious, a putrid one would be likely to weaken the uterine wall. Dr. Bovee said the fetus was not putrid but macerated. He believed that a macerated fetus can cause degeneration in the uterine wall. He believed that the thinness of the wall was the cause of the rupture and not the obstruction offered by the cicatrix.

New Treatment of Cholera.

The members of the Medical Society of this city who were present at the meeting for December 7th, had the pleasure of seeing and hearing Dr. Elmer Lee of Chicago. Dr. Lee read a paper on "Practical experiments in the treatment of cholera in St. Petersburg, Russia, and Hamburg, Germany, in the epidemic of 1892." The paper can be found in full in the *Medical Record* for December 17th. The illustration we use is furnished us by Messrs. Tiemann & Co., who have the apparatus for sale.

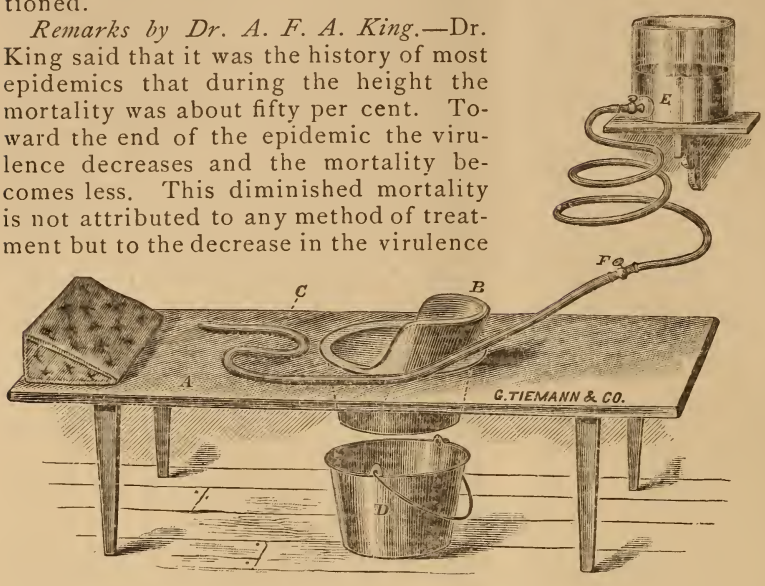
The doctor's treatment is based upon the view, "which seems to be almost universal," that cholera is a disease resulting from the introduction of filth into the stomach and intestinal canal. This being true, two things are desirable: To prevent the introduction of the filth into the body through the mouth; and the other is, filth having been taken into the body through the mouth, remove that filth in the most prompt manner. By a large and varied experience, Dr. Lee states he has determined it was possible and practicable to empty the small intestines of their contents by a surgical procedure consisting of the introduction of an irrigating solution into the colon. Dr. Lee was given an opportunity to put his method of treatment to the test at the Oboukoof Hospital in St. Petersburg during the height of the epidemic when there were as many as six hundred cases a day reported in that city alone.

The plan of treatment consists in the introduction of a soft rubber tube one meter in length, and of suitable size to be introduced into the rectum, in front of the promontory of the sacrum, into and up through the sigmoid flexure and into the descending colon. The effect of a flowing solution through the colon is to successfully and actually clean and purify the large bowel. Secondarily, the running stream through the colon has such an effect upon the small intestine that there is an increased peristaltic action of this part of the canal, and it is relieved of its contents. Two or three gallons of warm water, medicated with soap, and used as described above, not only removes the accumulated contents of the large bowel; but, also, secondarily, through the sympathetic nervous system, almost completely carries off the contents of the small intestine, including every form of bacterial life. After the bowels have been cleansed, the patient is placed in a bath of warm water, and afterwards conducted to his bed. The accompanying illustration gives an idea of the necessary apparatus required for irrigation.

Dr. Lee treated twenty-seven cases, with three deaths, twenty-three recoveries, and one recovery not complete at

his departure. The paper closes with fifteen conclusions, for which the reader must consult the journal already mentioned.

Remarks by Dr. A. F. A. King.—Dr. King said that it was the history of most epidemics that during the height the mortality was about fifty per cent. Toward the end of the epidemic the virulence decreases and the mortality becomes less. This diminished mortality is not attributed to any method of treatment but to the decrease in the virulence



of the poison. Dr. Lee has informed us that he was in St. Petersburg toward the end of the epidemic, so his good results may be attributed to the lessening of the virulence of the poison. In this disease there was great loss of fluids from the blood and tissues. Irrigation not only acted by cleasing the intestinal tract but it also restored the normal consistency to the tissues by supplying them with water.

Remarks by Dr. W. W. Johnston.—Dr. Johnston thought the report was of great interest as it was a practical demonstration of a new method of antiseptic treatment. This was simply applying a principle to the intestinal tract which had been recognized of the highest value in treating suppurating wounds. The object in antiseptic washings in surgery is to kill and stop the production of the germs of disease; so in irrigating the intestine in cholera the object is to wash out the germs and prevent further absorption. If the toxines are present in the intestinal canal there is no barrier to their absorption. We now know that in health we may be poisoned by the alkaloids in the intestinal tract. Even constipation is now recognized as dangerous, and when accompanied by fermentative dyspepsia the danger to health is increased. In all gastro-enteric inflammations the germs are sources of danger. Recognizing this fact we give intestinal antiseptics, as bismuth and salol. In addition to this we take means to rid the canal of the germs by irrigating it. Some recommend flushing the canal every day in typhoid fever. The poison of cholera must be greatest in the intestinal canal, where its virulence is expended. Dr. Lee has practically demonstrated this in a limited number of cases in which his treatment gave beneficial results. He did not understand how the water returns so easily by the sphincter after throwing it into the rectum and colon. In a case under treatment Dr. Johnston said he could distend the colon until the patient was in distress without having any of it return by the nozzle. He asked Dr. Lee if there was paralysis of the sphincter in cholera to favor this outflow. Many practice injection instead of irrigation; in the latter the water should run out quickly, and it should be kept up until the water returns clear. He preferred to use antiseptics in intestinal irrigation. The advantages of soap are that it is lubricating and disinfectant as well as convenient to obtain. He preferred boric acid, or carbolic acid; some use bichloride solutions; so he thought some one of the many antiseptics might be preferable to soap. This treatment is based upon a rational principle and offers more hope than the old methods of giving anodynes, to give them a comfortable death. Morphia relieves the terrible agonies of cholera but it also pens up the poisonous germs which destroy life.

Remarks by Dr. J. Ford Thompson.—Dr. Thompson was surprised at the simplicity of the treatment recommended by Dr. Lee. The organism is constantly fighting against the septic influences of the cholera germ; and as the microbe grows with great rapidity he could not see how Dr. Lee could accomplish so much good by washing out a few inches of the intestine, especially when the absorptive surface was greatest above the valve. Dr. Lee cleans the colon, but the germs come down soon after. Cleanliness may relieve but it does not cure. In puerperal septicæmia the obstetrician washes out the source, but Dr. Lee only reaches a small portion. By comparative reasoning he does not prove his point nor can he ever do so by theoretical means.

Remarks by Dr. Elmer Lee.—Dr. Lee said he was very glad for the criticism of Dr. Thompson. He had practiced his method in at least a thousand cases in Chicago and had been very successful. Dr. Thompson was acting upon the presumption that he did not force the fluid beyond the valve. This was a mistake, for he knew that he had passed beyond that point. Further, by the action of the irrigating liquids upon the large intestine the contents of the small would descend.

Remarks by Dr. W. M. Ward.—Dr. Ward had not looked on cholera in the light of a filth disease. Cholera is, doubtless, a germ disease, propagated by crowding human beings together, and by general insanitation, not necessarily personal in character; but he hardly thought it could be classed as a filth disease without all germ diseases be so classed. Irrigation of the bowels has been practiced in this country for two or three years, as the journals show, with remarkable success in cholera infantum. Probably Dr. Lee had taken his method of the treatment of cholera unconsciously from this practice. This method, however, is the same as that of Cantani, with the difference that Cantani used a little tannic acid and laudanum instead of the soap which the doctor used. Cantani claimed great success for his treatment in the last epidemic in Italy, which occurred in 1891. A short notice of this treatment may be found in "Osler's Practice of Medicine." Fecal accumulations, in one sense, is a predisposing cause of disease that should be never overlooked. Fecal retention and dilated bowels are doubtless a contributory cause of death in many cases of cholera. The treatment of cholera by irrigating the bowels is based on the supposition that this disease is an entero-colitis. This pathological view, he thought, was erroneous. The great English pathologists made observations in Calcutta on autopsies and demonstrated the fact that the victims of this disease die from asphyxia. He thought, therefore, that the treatment should be directed to the support of respiration.

Closing Remarks by Dr. Lee.—In closing, Dr. Lee said that he had purposely avoided the etiology because it would open up too large a field. The cause and spread are not yet settled. None of the bacilli of Koch have yet been found in any of the waters examined except that of one tank in India, which was a cesspool. He would expect to see recovery from cholera if the bowel is cleansed sufficiently early. That the force of the virulence is spent upon the intestinal canal is evidenced by the total absence of the bacilli from all other organs. They had found their way into the common duct, but had not penetrated the liver. Dr. Lee made a number of necropsies upon those dying of cholera and had not found anything peculiar in any organ or tissue.

THERAPEUTIC NOTES.

New Salt of Quinine. Mr. Mason, the American representative of the house of Rigaud & Chapoteaut, informs us that he is about to sail for this country. He will bring with him a new product just introduced by this large house. It is the hydrochlorosulphate of quinine. This new salt is especially distinguished from its simple congeners, notably the sulphate and the hydrochlorate of quinine, in the fact of its more rapid absorption, in consequence of which its effects are sensibly more prompt. This is probably due, other qualities being equal, to the much easier and greater solubility of the hy-

drochloro-sulphate of quinine, as compared with that of the single salts of that base. From this point of view, the hydrochloro-sulphate of quinine must be regarded as a valuable medicament for hypodermic employment, and it is a product, by the way, whose subcutaneous use gives rise to no appreciable local irritation. The hydrochloro sulphate of quinine seems to be called to render veritable services to therapeutics.

For Respiratory Affections.

Respiratory inflammations always form a large proportion of the physician's cases. A Bolivian remedy which gives promise of much therapeutic efficacy is Cocillana, which was introduced a few years ago through the researches of Prof. H. H. Rusby, the eminent botanist. Experiments were made with it by many medical investigators, who found its action very satisfactory in catarrhal inflammations of the respiratory organs, in coryza, hay asthma, bronchitis, acute and chronic; influenza, and pneumonia. It possesses also laxative and purgative qualities, and has been employed successfully as a substitute for ipecac and apomorphia in catarrhal conditions.

Parke, Davis & Co., who introduced the remedy to physicians, will supply reprints of articles affording information concerning its therapeutic application, and invite the medical profession to test its virtues further by clinical experiment. They have after much difficulty obtained an ample supply of it, and will be glad to afford any facts desired concerning this or any other of their new remedies for respiratory affections.

Always Play Trumps.

In a late number of the *Medical World* is an article from the pen of Dr. A. M. Owen of Evansville, Ind. He describes various experiences he has had with new remedies and how often these had disappointed him. But at the Detroit meeting he decided to try papoid as soon as he returned home. He now reports a case of blind ischio-rectal fistula of twenty years' standing. This had been operated upon repeatedly by some of the best surgeons, but without success. He had operated upon the case and treated it for a year, but had to give it up. However, "after proper preparation of the fistulous tract, one injection of papoid effected a cure, at least it has been well for over two months." He concludes the article by saying: "Wyeth says that in surgery, where you are in doubt about the case, always play 'trumps' (the knife being the trump). I say if you are in doubt about a prescription where the gastro-intestinal tract is involved, *play trumps by giving papoid.*"

Tranquil Sleep.

A pamphlet of some forty pages is on our table with the soothing title of *Sommeil.* It contains a very good description of the various uses of "Bromidia, the Hypnotic." Battle & Co. do not hesitate to inform their patrons of the composition of this remedy: brom pot., chloral hydrat., cannabis Ind., and hyoscyam. Yet these are so combined that this mixture is not unpalatable when diluted properly in syrup.

Painful Menstruation.

As a reprint from the *Medical Mirror* we are in receipt of a very attractive brochure on the treatment of painful menstruation. A number of cases are detailed and the testimony of several physicians given to prove the value of Ponca Compound in such cases. While our own experience is limited to its use in but one most obstinate case, yet in this instance the happiest results were realized. The pamphlet will be mailed to anyone addressing the Mellier Drug Company of St. Louis.

Ale and Beef Well Retained and Nourishing.

Dr. I. N. Love, well-known as the editor of the *Medical Mirror*, gives strong testimony for Ale and Beef Peptonized. He recently prescribed it for a prominent physician who was suffering from a demoralized nervous system, following the grippe. His general breakdown was complicated with an abscess of the liver and serious organic lesions of the heart. His stomach was the most irritable part of his make-up. Well, Ale and Beef did not cure all this, but Dr. Love says there was soon marked improvement and the improvement continues, and the physician himself says it was owing to the Ale and Beef.

After-Pains. From Dr. E. J. Dennis of Kansas City appears a report of several cases in which the value of Dioviburnia was tested as a uterine tonic. He prescribes it for severe and frequent after-pains, and if the uterus is large and tense, and he has reasons for believing there are clots within the uterus, then he combines ergot with it. He regards it as very useful to prevent miscarriages; and equally as efficacious in all cases of metritis, endometritis, and amenorrhœa. In a word, he says it is a valuable uterine tonic.

Influenza and Ordinary Cold. An interesting contribution to our knowledge of the therapeutics of phenocoll comes from South Africa. Dr. J. O. Ungerhausen, District Surgeon of the Lion's River Division, writing from Houick, reports the very satisfactory results yielded by phenocoll hydrochloride in various cases of influenza and ordinary cold, when the mucous membrane of the upper respiratory passages was swollen and inflamed. The cold developed more rapidly and ran a milder course, headache being removed. A beneficial influence was also observed on the bodily temperature in several cases of diphtheria, when it was prescribed in combination with benzoate of soda.

Local Use of Phenacetine. Dr. M. H. Lee of Knoxville, Tenn., says that while phenacetine is being used so extensively as an internal remedy, he would call attention to its local use in ulcers. He enumerates a large number of remedies he has tried in ulcerative conditions without obtaining satisfactory results. Finally, he tried finely powdered phenacetine, which was dusted over the ulcerated surfaces three times daily. "The effect was remarkable and dated from the first application of the drug." A number of cases are given in detail to illustrate this topical use of the drug.

Diet of the Puerperal Women. The editor of the *American Gynecological Journal* thus puts the question: "Tea and toast; toast and tea. Tea and toast when she is hungry; toast and tea when she is thirsty. Tea and toast to make milk; toast and tea to make blood and strength. Such is a relic of the old antiphlogistic days still clinging to the practice of the majority of physicians. A relic born of the old idea that the puerperal woman must be 'reduced,' as if she was not sufficiently reduced by a painful labor and an exhaustive hemorrhage." After speaking of the various diets proposed for food he says that water is the best when the woman is thirsty, and meat, in the form of nutritious beef tea, when she is hungry. Use the best beef extract and prepare from them a "palatable, digestible and nutritious food." He concludes thus:

"Take, for instance, the Rex brand, the best of its class. It readily dissolves in hot water, producing a transparent, amber-colored fluid of appetizing odor and pleasant taste. One quarter teaspoonful of the extract is sufficient for a teacupful of beef tea—wholesome, gratefully delicious, refreshing, stimulating and nourishing.

"Rex extract has not the rank and offensive odor, the strong smoky flavor, the burnt taste, or the excessive saltiness characteristic of so many beef extracts. It is the ideal extract for use in the sick-room. It contains 54 per cent of nutritious albuminoids and 15 per cent of bone-forming phosphates. It is not a medicine; it is a food, and a most satisfactory one for the puerperal woman, satisfying her hunger, giving her blood and strength, enriching her milk. Not only during the puerperium is it of value, but also through the whole period of lactation, giving to the exhausted mother a strength and buoyancy of feeling not obtained by the ingestion of a like amount, in nutritive value, of solid beef. For the exhaustion and depression incident to lactation, it is a sine qua non."

Treatment of Catarrh, Throat Diseases, etc. Dr. N. B. Lewis of Troy, N. Y., writes, February 19, 1892, to Jerome Kidder Manufacturing Co., 820 Broadway, New York City: "I think you have the best coil on the market to-day;" and Dr. C. H. Hassall of Farnsworth, Manchester County, England, writes, March 15, 1892, to the same firm: "I have tried your medical apparatus and *proved its power* to *cure* catarrh, sore eyes, short

sight, throat diseases, deafness, etc."

Antikamnia vs. Antifreezia.

In a late number of *New Pharmaceutical Products* we noticed a letter from Dr. F. A. Cook, Surgeon of the North Greenland expedition, or better known as Lieutenant Peary's expedition. Dr. Cook speaks in strong terms of the gratifying results he obtained from the use of antikamnia in grippe, rheumatism, etc. Is it possible that the people who are now sitting on the end of the North Pole and enjoying everlasting sunshine, need any such remedy? Or, perhaps the magnetic properties of said pole renders their *grip* far more tenacious.

Book Reviews.

TEXT-BOOK OF OPHTHALMOLOGY. By Dr. Ernest Fuchs. Professor of Ophthalmology in the University of Vienna. Authorized translation from the second enlarged and improved German Edition, by A. Duane, M. D., Assistant Surgeon Ophthalmic and Aural Institute, New York. 800 pages, 200 illustrations. 1892. D. Appleton & Co.

Little can be said about a work from so distinguished an author as this. Professor Fuchs' work has been received with great favor heretofore, and a translation of the new and enlarged German Edition is sure to be appreciated by all those interested in ophthalmology. The translator has succeeded well in adapting the work to its American readers. The book is fully illustrated, well bound, and printed on heavy, firm paper. American ophthalmologists will gladly welcome it as the "conclusion of the whole matter" up to date.

A TREATISE ON DISEASES OF THE RECTUM, ANUS AND SIGMOID FLEXURE. By Joseph M. Mathews, M. D., Professor of Principles and Practice of Surgery, Kentucky School of Medicine. 550 pages, with numerous illustrations and six chromo-lithographs. 1892. D. Appleton & Co.

For over fifteen years Professor Mathews has given his special attention to diseases of the rectum. During these years he says he has learned that many things are taught that are not true, and that many things are true that are not taught. Therefore, he swings clear of all obstructions and records his own experience. As would be expected from one of such independent thought, there is much that is wholly new in this book. We find here "A New Operation for Fistula in Ano"; "The Hysterical or Nervous Rectum," in which some of the views of Professor Goodell are opposed; and a chapter on the "Anatomy of Rectum in Relation to the Reflexes." There is also a chapter on Antiseptics in Rectal Surgery, to demonstrate that such precautions can be practiced in this line of work. It is a book that contains much original matter and will get a wide reading.

NOTES ON THE NEWER REMEDIES, Their Therapeutic Applications and Modes of Administration. By David Cerna, M. D., Ph. D., Demonstrator of Physiology in the Medical Department of the University of Texas, etc., etc 8vo, Pp. 180. Price, $1.25. W. B. Saunders, 913 Walnut Street, Philadelphia, 1893.

We have here a record of the newer additions to our materia medica. The physical properties, therapeutical applications, and administration of each drug are clearly given. The author well puts the case when he says that the advance of pharmacology is such that the revised editions of those previously issued, and even the new books on the subject, become old as soon as they leave the printer's office! Therefore such books as these are absolutely necessary, if the busy practitioner keeps abreast of the times. The price of the book is such that it can keep but few from profiting by its perusal. Based on a rough estimate we should say there are over three hundred of the "newer remedies" described in these pages. One would think this must certainly complete the list.

PHYSICIANS' VISITING LIST FOR 1893.

This is the forty-second year that the house of P. Blakiston & Co. has published this visiting list. Each year something new and useful has been added, yet it is neither large nor heavy. In fact, it weighs but three and one-half ounces, and is only three-eighths of an inch thick. We notice particularly that the doses of all drugs in both the English and Metric Systems is contained in this edition. Address 1012 Walnut Street, Philadelphia. Price, $1.00.

MEDICAL JOURNAL ADVERTISING. A Manual for advertisers. By A. L. Hummel, M. D., formerly publisher, editor or manager of a number of periodicals of well-known merit.

This book has had a strange effect upon us. The cover is of white linen handsomely embossed in gold. The prospect is bright and cheering for some wide-awake reading inside. But, alas, the second sentence is depressing and discouraging! "There are about one hundred and twenty thousand practic-

THE
NATIONAL MEDICAL REVIEW.

VOL. I. WASHINGTON, FEBRUARY, 1893. No. 12.

THE EDITOR'S TABLE.

The End of Our First Year.

With this number we close the first year of our journalistic career in this city. We had but very little to encourage us in the start, but we soon found that there was room for us. It would please us to edit a monthly journal of from sixty-four to eighty pages, giving in full all the original papers and discussions we could procure. The subscription price should be two dollars and a half a year and four hundred of the physicians of the city should subscribe for it. But we do not see our way clear to make the venture. Financial success is not the true test of what constitutes a successful journal, yet it is about the only one a publisher has for a guide. Looking at it from this standpoint we can assure our readers that the balance sheet for the year most happily disappoints us. What do we promise for '93? Just about what you have received in '92.

The Pepsin Fallacy.

If there is any one thing upon which physicians and druggists need information it is concerning the question of the administration of pepsin. A recent writer has shown that many prescriptions for pepsin are rendered worthless, so far as that drug is concerned, by having combined with it some carbonate of soda or other alkaline salt. But we do not refer particularly to this. The great pepsin fallacy lies in the total indifference of the physician to the strength of pepsin prescribed and the ignorance displayed by the druggist in buying the "cheapest" pepsin for his own use in making his elixirs, essences and other preparations. A physician prescribes pepsin in five-grain doses. Of course the druggist fills the order with his cheapest preparation. Now this cheap pepsin may be a pure pepsin, but we are ready to prove it is the most expensive to use.

The True Value of a Pepsin.

What is the true test for a pure pepsin? The amount of work it can do. Pepsin is now on the market in at least three strengths: 1–2000; 1–4000; 1–6000. Now the first can do just one-half the work of the second and one-third the work of the third. To make these of equal cost the last should represent just three times the money value of the first; and yet even then the last would be preferable, as its bulk would be but one third of the first. Two grains of the last represent everything of value in six grains of the first.

Their Relative Cost.

Without giving any reasons for so doing we asked the firm of Sharp & Dohme of Baltimore to quote us prices on these three grades of pepsin. In reply we received the following:

Pepsin, standard 1–2000, per oz. $1.00
Pepsin, standard 1–4000, per oz. 1.50
Pepsin, standard 1–6000, per oz. 1.50

These prices are as "listed by the several manufacturers." Let us revise this list according to the real value of the pepsin, according to its digestive power. If the first is worth one dollar an ounce, the second is worth two, and the third three. Or, if a pepsin of 1 to 6000 strength be sold at $1.50 an ounce, one of 1 to 2000 should be sold at *fifty cents an ounce!* What does the agent who has just been canvassing this city with his cheap pepsin say to this?

Replacing Other Pepsins.

This agent informed us that he was replacing all other pepsins, especially among druggists, because of his low prices. As the cost of making a pure pepsin is largely in proportion to its strength, we immediately wrote to the house of Parke, Davis & Co. and asked them about this. The reply came that they would duplicate any pure pepsin of *equal strength* that this house might offer. Here is where the misunderstandings occur and where all the difficulty lies.

Specify the Strength of Pepsin.

With these facts before us, it stands to reason that in prescribing pepsin the strength of the same should always be indicated. We also believe that the higher grade pepsins are the cheaper, and as their dose is smaller they are certainly less bulky. Without so specifying, the physician may rest assured the weaker and "cheaper" pepsins will be used by the druggist.

A Word to Druggists.

To the druggist we would say that a few sober thoughts and a few figures with the pencil will show that "cheap" pepsins are not the cheapest to use in your various preparations, and that the size of the bottle does not represent the power of the drug.

The Whole Pepsin Question.

The whole question of the administration of pepsin is one that requires much knowledge and, we fear, is a question but little understood. So many conditions and combinations render it inert, and so many prescriptions order it in such insignificant doses that it is a wonder we see scarcely any good effects from its use. Immense quantities of pepsin are used under conditions which render it impossible to bring forth its legitimate results. It cannot be intelligently prescribed in any kind of a mixture, and it has to be given in generous doses to produce appreciable results. We simply call attention to one or two new points, but there is yet much to be told about this truly valuable drug.

Will the Coming Woman be Bald Headed?

Miss E. F. Andrews asks in the January *Popular Science Monthly* "will the coming woman lose her hair?" She accepts the statement of certain biologists who predict that if the present course of human evolution continues unchecked, the coming man is in serious danger of evolving into a bald-headed animal. Therefore the writer asks if the coming woman is to lose her "crowning" beauty. Miss Andrews says she has never seen a case of complete baldness among women of any age, while partial baldness is rare. Women torture their hair with curling-irons, papers and hairpins to a degree that no man would tolerate for an instant; they deaden and discolor it with all kinds of injurious washes; they rear on the top of their heads structures as heating and uncomfortable as a stovepipe hat; they sit with their heads covered in all public places; and they have all sorts of aches and pains; yet even the sorriest specimens of the sex, physically, often luxuriate in the most abundant suits of hair. The explanation of all this, Miss Andrews finds in sexual selection. A bald-headed woman would stand but little chance "of

leaving offspring to inherit her deficiencies"; while the writer has never known a woman who would make a bald head "an invincible objection to a man who was eligible in other respects." Some women even prefer bald-headed men, thinking it imparts an intellectual look! It is because of the fastidiousness of men, passing by the bald-headed woman and admiring the abundant tresses of brown and gold, that feminine humanity has escaped from a defect "as destructive of beauty as comfort." Miss Andrews predicts that the time is not far distant when a man with hair on his head will be as great an anomaly as a bearded woman, but so long as men love beauty and are won by personal charms, so long will we continue to see luxurious suits of hair adorning all the female sex.

Women at Johns Hopkins.

The Trustees of the Johns Hopkins University agreed, many years ago, to admit women to the graduate courses. But the faculty only confirmed this action a few weeks ago. Now any woman who is fully qualified can enter for a degree, and in all probability the degree of doctor of philosophy will be awarded to one woman at least next June. Four women are already enrolled for post-graduate work in medicine, one of whom we understand is a Washington doctor. The medical school, which is to be opened next October, is to be co-educational throughout, while at the same time its requirements are to be the highest of any school in the world.

Co-education in Medicine.

When such an institution opens its doors to women it adds a strong argument in favor of co-education in all medical schools. Yet without discussing this subject at present, we might add just here that we have long been of the opinion that a medical school in this city devoted exclusively to the education of women would be a great success. The faculty should be composed entirely of women, or, if this might be impracticable at first, it should be the aim to bring about such a condition as speedily as possible. If the young men in Government employ can form such a large per cent of the number of students of our four medical colleges, two of which do not admit women, would not the large number of women in Government employ furnish a full attendance for a school exclusively devoted to their sex? We believe such would be the case.

Did We Laugh Too Soon?

When Dr. Brown-Sequard announced his "Elixir of Life" discovery, it did seem that this must be the work of a man in his second childhood. And when all the facts came out the whole affair looked more gauzy than ever. But perhaps we laughed too soon! A few weeks since Dr. Paul Gibier read a paper before the Medical Society of the County of New York, on a new agent in the treatment of epilepsy. This new agent is called nervine, and as we understand it, is prepared from the grey substance of the brain. Dr. Gibier says that he obtained the idea of his treatment from the method proposed by Dr. Brown-Sequard. In the case of a young Frenchman with an epileptic history, Dr. Gibier says his condition improved remarkably under the influence of the nervine injections five times weekly. The severe attacks diminished in number and severity; the memory became normal; the idiotic expression disappeared; there was disappearance of vertigo; and the patient became much more intelligent. In conclusion the doctor says that while he does not think epilepsy can be cured in all cases by the nervous transfusion, he

is inclined to believe that it may improve the condition of the afflicted, even when used without any other treatment. The profession will await with much interest further reports from such investigations.

Do Not Fear Hard Work.

How often we hear admiring patients assure friends that their doctor is "working himself to death"; and, too, how often do we hear the young physician declare he is "nearly dead" from overwork. Good, hard work, with the observance of ordinary hygienic rules, which include proper periods of rest, is a great aid to longevity. Health and longevity are twins and they are both indissolubly connected with work. At nearly eighty Bismarck rules Germany; at eighty Thiers rules France; at eighty Gortschakoff rules Russia; and at eighty Gladstone is the ruling spirit of Great Britain. These men have ever been known for the incessant exercise of their faculties. With the knowledge of hygiene which the physician possesses there is no need of his suffering from hard work. But when the system is weakened by the constant use of strong drink; when club life takes the place of home life; when there is no Sabbath; when the call for sleep is ignored, then indeed will hard work bring worry and hasten the approach of old age.

Are Physicians Poor Penmen?

It has always been a mystery to us why so many physicians are such very poor penmen. There is no reason why they should average so much below other professional men in this respect, yet, it appears to us, such is the case. We would not be justified in calling it either carelessness or affectation, yet in nearly every instance the physician could write far better than he does. We have seen many prescriptions we could not read, and they could be deciphered only by the druggist familiar with the writing. This is inexcusable and should no longer exist. Let a good plain hand be one of the requisites to an admission to our medical schools.

She Paid Her Bill.

In an out-door department of one of the London hospitals a very unusual case occurred. It was unusual in this way, at least: the doctor was able to collect his fee on the spot, at the very moment of the completion of his operation, and from a charity patient too! A woman was attending for "stricture of the rectum." She informed the surgeon that about two weeks before she had swallowed a sovereign and a half while "on a lark." The surgeon examined the rectum and removed three sovereigns from the stricture with his forceps at one grip.

Back Numbers If Desired.

We have a few complete sets of Volume 1. We will send a set to any address upon receipt of one dollar.

Officers of the Medical Society.

At a meeting of the Medical Society of this city the following officers were elected for the ensuing year: President, Dr. G. Wythe Cook; vice presidents, Drs. Llewellyn Eliot and J. H. Mundell; treasurer, Dr. C. W. Franzoni; corresponding secretary, Dr. Thomas C. Smith; recording secretary, Dr. Samuel S. Adams; librarian, Dr. Edwin L. Morgan; board of examiners, Drs. C. H. A. Kleinschmidt, W. Sinclair Bowen, Samuel S. Adams, George N. Acker, George C. Ober; board of censors, Drs. C. W. Richardson, Ernest F. King, John T. Winter.

Human and Animal Blood.

We clip the following from one of our exchanges: "Dr. Pesety Cevera claims that human blood may be distinguished from animal blood by the following

method: 'If the blood be mixed with a little bile, small crystals are formed which are of different shapes in different species of animals. In man, it is claimed, they are right-angled prisms; in the horse, cubes; in pigs right-angled prisms, very similar to those seen in rhomboids; in sheep, rhomboidal plates; in dogs the same as seen in human blood; in chickens, more or less regular cubes.'"—*Cin. Medical Journal.*

Impossible to Check a Falsehood.

It is simply astonishing how this old wornout paragraph is again on its regular march through the journals. That it is untrue, appears to make no difference. It is not impossible but that the same thing will be read as news a hundred years from now. We give below a clipping from *Leonard's Illustrated Medical Journal* which we have preserved for nearly four years. We first denied this differential diagnosis in 1881. We repeated it in 1889. And now in 1893 we declare again there is nothing in it. Here is the clipping from Dr. Leonard's journal:

A "HAZY" ASSERTION.

The following clipping we took from a recent issue of the *Pacific Medical Record*, and sent to Prof. Chas. H. Stowell, M.D., of the Histological Laboratory of Michigan University and asked for his opinion upon it, knowing that from his long experience in examinations of the blood he could give our readers an intelligent answer, as we very much doubted the correctness of Cevera's assertions.—[THE EDITOR.

"Dr. Peseta Cevera, a Spanish physician, has a new process to distinguish between human and animal blood. He says: 'If blood be mixed with a little bile, small crystals are formed which are of different shapes in different species of animals. In man they are stated to be right-angled prisms; in the horse, cubes; in pigs, right-angled prisms very similar to those seen in rhomboids; in sheep, rhomboidal plates; in dogs, the same as human blood; and in chickens, more or less regular cubes,'"—[*San. Med.*

THE REPLY.

UNIVERSITY OF MICHIGAN,
HISTOLOGICAL LABORATORY,
ANN ARBOR, Feb. 26, 1889.

Dr. C. Henri Leonard.

MY DEAR DOCTOR:—In reply to your question asking what value could be attached to an inclosed slip concerning the identification of blood, I would say that truly "there is nothing new under the sun," and in proof I would refer you to the pages of *The Microscope*, a journal now published in your city, and which Mrs. Stowell and I edited and published for six years. In the number for June, 1881, on page 59, is a selection entitled, "Microscopic Examination of Blood." Suppose you read said selection. You will find almost the exact wording, certainly the exact meaning contained in your selection. This same Dr. Cevera figures as the great discoverer. Let us compare the wording of the two in one or two places. *The Microscope* selection says: "If from man, the crystals will be rectangular prisms; if from the horse, they will be cubes." Notice the reading of your selection. Again, "if from common poultry, they will be cubes more or less perfect." How familiar the reading of the *San. Med.* sounds. The original writer of this selection found it in No. 2 of *L'Orosi*, and this writer adds the following significant words, which the Rip Van Winkle scissors of the *San. Med.* fails to append: "There would seem to be room for more accurate research in this direction." Dr. Thad. S. Up de Graff, a most accomplished worker with the microscope—now deceased—was at that time, 1881, the editor of a journal, called *The Bistoury*. He copied the above extract into his journal, adding these words to the closing words of caution of the first writer, "we should say so." Then the article was copied into *The Microscope*, and I added to the words of Dr. Up de Graff, "and we should say so twice." In other words, I would not only say that the two previous writers were correct in their doubts, but also that there was *absolutely nothing in the whole affair!* It is not worth one moment's serious consideration. I would not now feel justified

in writing at this length upon the subject did I not wish to say that, to me, it is the greatest wonder how any item like this could be revived after eight years of quiet rest, and be paraded by the *San. Med.* as something new and startling. In order for any editor to keep up with the times he must read at least two journals: *The Microscope*, now edited by four of your own associates, and the only *Illustrated Medical Journal*, edited by yourself. Yours truly,

CHAS. H. STOWELL.

P. S.—The *Microscope* is now edited and published in this city by Charles W. Smiley, A. M., Box 630.

Kraft's Elixir of Life.

We notice that a Dr. Kraft was recently arrested in New York for selling an "elixir of life." In the trial it was brought out that he assured one of his patients that "two of your lungs are entirely destroyed, but the remaining two can be saved by the free use of the elixir." The doctor examined the chest with an instrument of his own invention. This proved to be "a five-cent tin trumpet." And yet we are told that the weeping wife exclaimed, "Why have they arrested him? We were making so much money, doing so well, and the elixir won't hurt anybody!"

Advantage of Residence in Washington.

The editor of the *Medical Mirror*, Dr. I. N. Love, gives some sharp notes on the political situation and makes some telling thrusts. He is well pleased with the outlook and says that the visiting doctors at the Congress of '87 will be glad to know that once again they can see Mrs. Cleveland in the White House. Speaking of the Congress of '87 he says that "undoubtedly on that occasion the most pronouncedly pleasant impression left upon all visitors was produced by Mrs. Cleveland herself; in fact, she fascinated everybody." At that time he wrote for the St. Louis *Republic* the following thoughts with special reference to his impressions of the First Lady of the Land. We publish it not only because of its good English, but also because it speaks the sentiments of such a large number. We are daily becoming more and more convinced that as a place for residence Washington has no equal!

"That which removes whatever was unpleasant about Washington and which was so delightful as to banish all thought of the disagreeable was the reception given by the President and Mrs. Cleveland to the 5,000 delegates and their wives. After two or three hours of constant hand-shaking they both looked as strong and fresh as pictures of health could possibly look. However, the visit at the Executive Mansion by appointment on Friday made by Dr. and Mrs. Will of Philadelphia, Dr. McMurtry of Kentucky, Mr. Lambert of St. Louis, and the writer with his little daughter, was the one delight of the week, and will linger in our memories during all the coming years. Mrs. Cleveland having just returned from an arduous trip to New York City, came gliding into the parlor, a vision of loveliness never to be forgotten. As I calmly (calmly as I could) surveyed her, the beautiful Adelaide Neilson came into my mind—the same beautiful form and figure, perfectly chiseled face, a pose equaled only by Juno, a complexion fresh as the gentle Juliet, an expression in face, limb and muscle and the entire visible anatomy, suggestive of good health, good digestion, good humor and a good heart; eyes that were verily the clear, transparent windows of a noble, sunshiny soul, at peace with itself and all the world, and its God; a voice—such a voice—gentle, persuasive and pervasive, heard but rarely in this rude and clanging world, a reminder of an Eolian harp on a moonlight summer night, or the cooling, soothing brook as it wanders

over its pebbly way through shady nooks on a warm summer day. Where was I? Enough. Suffice it to say that I, with all the rest, came and saw and was conquered, and am ready in my humble way to pay homage to 'America's uncrowned queen,' Frances Folsom Cleveland."

Caught Ourselves.

While we often find cause for self-congratulation in escapes of all kinds, yet we confess now that we have been captured. When the canvassing agent for the "Medical Directory of Maryland, District of Columbia and Virginia" called for our subscription, we agreed to take the book, "provided the names of no quacks were introduced." At the request of the agent we named three, and stated that if either of these names appeared we would not accept the book. The book has arrived. A strange man brings it. Our signature is affixed to a regular order. Our two dollars are demanded; and we hand it over, vigorously protesting in good strong orthodox English. For here is printed in bold type one of the three names we mentioned, and the one most distasteful to us of the whole lot.

If We Only Deserved It!

We wish we could say something suitable to the occasion in reply to the following editorial in the last number of the *Medical Mirror*, but we find ourselves unable to meet the occasion; we only wish we deserved one-half of it:

"The National Medical Review, located in Washington city, has been coming to us now for eight months and with each issue it has given marked evidence of the fact that it deserves to live. Dr. Charles H. Stowell, editor and publisher of the Review, is not a novice in the field of editorial work, for as the editor of the *Microscope* he had pronounced experience. The pages of the Review give evidence of the fact that he is a skilled workman. The scheme upon which he established his journal and is maintaining it, is unique. Every line in it, from the first to the last page of reading matter, is written by himself, and one only needs to read it to be assured that it is written by an expert.

"It is nothing new to have a new medical journal appear upon the horizon, but for one to appear which bristles through and through with evidences of real, downright, individual, original work, is refreshing.

"We congratulate the medical profession of Washington city and the surrounding country, which means the whole of the United States which is tributary to Washington as its Capital; we congratulate the journalistic guild for the reason that it is likely through the columns of Dr. Stowell's journal to get plenty of new matter for filling purposes, and we congratulate Dr. Stowell himself, for we can assure him that no one can deny the proposition that a medical journal established by one possessed of the journalistic knack, with the energy, the brains and the application to do good, hard, honest, original work will just as surely succeed and win a place in the field in spite of all comers, as that the sun rises in the East and sets on the other side of San Francisco."

Protective Collection Agency.

In speaking of an association incorporated for the purpose of transacting the business affairs of medical practitioners, the *Brooklyn Medical Journal* truly says: "It is certainly a consummation devoutly to be wished, when physicians can collect the debts that are due them, and when they can attend to the scientific and philanthropic part of their profession, and be divorced

from the earthly and debasing duty of collecting enough from what by right belongs to them to keep soul and body together. It is certainly beneath the dignity of our noble calling to be required to present an itemized bill or to be asked to explain how it is that five visits are charged in a given month when only four are remembered by the patient." In closing, however, the editor says he has seen so many futile attempts made to bring about this result, that he may be pardoned for being just a little skeptical. We now enter our case and ask for pardon at the same time.

Scientific Accuracy.

In a recent number of the *Doctor's Weekly* is a paper read at the last meeting of the American Rhinological Association on the Uses and Abuses of Cocaine. The writer conveys the idea that cocaine is a very fickle drug. He says that not only does every individual seem to be a law unto himself as to the quantity necessary to produce complete local anæsthesia, but even in the same person the amount will vary at different times, and with no apparent cause. In some cases, he says, it is necessary to produce toxic symptoms, while in others one-tenth of the amount and one-tenth of the time will accomplish complete local anæsthesia. He also tells us that the time necessary for cocainizing a mucous membrane is as indefinite as the strength of the solution. Farther down this paper we read the following rather startling statement: "As I use no weights or measures I never know, only approximately, the strength of the solutions." This cannot fail to impress one that the uncertainty of the drug and its effects may possibly be due to the uncertainty of the operator, for, as no weights or measures are used in making his solutions, there is certainly great room for the question of "personal equation." It is such "accuracy" as this that has kept our profession from assuming its proper place among the sciences.

A Treatise on Surgery.

We are in receipt of a note from P. Blakiston & Co. to the effect that within a short time they will issue a new edition of Moullin's text book on Surgery. The first edition was published in April, 1891. In a little over twelve months it was recommended at more than twenty medical schools. The new edition will be edited by Dr. John B. Hamilton, formerly of this city and now Professor of Surgery at Rush Medical College, Chicago.

The New President of the Medical Society.

We take great pleasure in presenting our readers with a likeness of the new president of the Medical Society of the District of Columbia, George Wythe Cook, M. D., LL. D. We believe the friends of Dr. Cook will agree with us that the engraving is a good one and the likeness a very excellent one. A friend of Dr. Cook's furnishes us with the following brief sketch of his life:

Dr. Cook began the study of medicine with Dr. Hanson Dorsey, of Front Royal, Va., and in the fall of 1867 entered the University of Maryland, from which institution he graduated in medicine in 1869 He began the practice of medicine in his native town, Front Royal, remaining there for two years. In 1871 he removed to Upperville, Va., where he soon gained much of the practice of the community. However, this field soon became too small for his abilities, and in 1878 he removed to this city. In the meantime he married Miss Rebecca Lloyd, the daughter of Richard Lloyd, Esq., of Alexandria County, Va. Upon coming to this city the Doctor had the usual experience of all those who begin

work in a city with no special friends at court. But after a few years of patient and unceasing effort the public began to recognize his skill, and a large and lucrative practice is to-day the result. Dr. Cook is now the newly elected president of the Medical Society of the District of Columbia; physician to the Louise Home; to the Garfield Memorial Hospital, and to the Home for Incurables. He held a professorship in the Medical Department of the National University, and is now a lecturer in the Washington Training School for Nurses. In 1890 the National University conferred on him the degree of LL. D.

Dr. Cook is a member of a number of medical societies and is the author of several papers read at various times before these bodies. He has rendered our own Medical Society valuable services as a member of many of its committees, and has given to it much thought and time as the chairman of the committee on procuring papers and essays. He has always been ready to do even more than his share of work, while his genial bearing is constantly making him new friends. We predict a year of great prosperity for our Medical Society under his leadership.

Lead Poisoning. A whole family in Dresden was severely poisoned from the use of sugar which was upon lead plates. Query: Will free sugar and American *tin plate* precipitate a wholesale tin poisoning in this country? Let us hope to be *protected* from any such misfortune!

Extra Copies for the Asking. Should any subscriber see any article or notice in this journal which he would desire some of his friends to read, he can procure, free of charge, a number of copies of the journal if he will but notify us, promptly, upon the receipt of his journal.

"A Specialist Dies of His Specialty." Under this heading a large metropolitan paper discourses on the death of Dr. Learning, distinguished as a specialist in diseases of the chest. Dr. Learning died of consumption after practicing medicine over a third of a century and after devoting many years to his specialty. The writer says some physicians hesitate to take up a specialty for fear they would die of the disease. In reply to this a writer advises all doctors having such fears to choose some mild kind of disease to die with and become a specialist in that! Since pondering over the above we have wondered if this belief is at all general, and if so if it does not account for so many physicians being gynecologists!

The Latest Remedy. From a medical exchange we learn of the newest remedy out! The writer says that "the new-born babe often creates much uneasiness by its failure to urinate. Break the small end of an egg, give that part deposited by the male, vulgarly called the *tread*, to the infant. It will scarcely ever fail to bring about the desired result in a few minutes. It may be repeated if necessary." We are glad the last sentence was added. From the toxic qualities of the drug we would not have dared repeat the dose if it were not for this assurance! Is this the secret of the Brown-Sequard elixir of life? Given by the stomach, the wiggling, squirming, writhing, living elements of the tread seek at once their habitat; therefore we follow them through the blood-vessels, along the uriniferous tubules, down the ureters, into the bladder, and out the ureters, *as nature intended!* No wonder they cause even the new-born to urinate!

THE PROGRESS OF MEDICINE.

Ourselves and Our Surroundings.

The members of the Medical Society of this city had the pleasure of listening to the Annual Address of their President, Dr. Wm. Lee, on the evening of December 21. Dr. Lee chose for his subject "Ourselves and Our Surroundings." The President congratulated the Society upon its array of younger members and spoke particularly of the remarkable advantages these had over the young graduate of thirty years ago. He suggested that our Society should be even in closer affiliation with the work done in our colleges and hospitals, including there both laboratory and clinical work. A committee on Medical Education, composed of men outside of the faculties of our colleges, could be appointed who could render an annual report of progress in the medical schools of the District of Columbia. This committee could criticise and praise the work undertaken and accomplished and thus serve as a powerful stimulus. Bacteriology very naturally takes the lead just now as being of direct practical importance in our present studies of the causation of disease; but physiology and the physiological study of the action of drugs also appeal directly to us. Our laboratories should be so completely equipped that the student will not be obliged to visit the great laboratories of Europe. The time has come when we can point with pride to the clinical advantages of our city. The President advocated more social enjoyment among the members. This could be encouraged by serving collations and in other ways. During the past year the membership of the Society has increased by the addition of twenty-five names, while two have been removed by death. One of them, Dr. T. M. Norton, was a young man of much promise, fully equipped for the practice of his profession; the other, Dr. Wm. E. Roberts, was a warm, personal friend of the President, and an admirable type of the friend and physician. In conclusion, the President emphasized the suggestion of his predecessor, Dr. D. W. Prentiss, that some early action be taken to secure a home for the Society.

Clinical Obstetrics in the District of Columbia.

At the regular meeting of the Medical Society of this city for January 11, Dr. Thos. C. Smith read a paper on the Clinical Facilities for Obstetrics in the District of Columbia. The author began by stating that, in his opinion, the student graduates from the Medical College with altogether too little knowledge of practical obstetrics. With this idea in mind he reviewed the work done by each of the colleges in this city and then asked if it were not possible that these advantages could be so increased and extended that each graduate from our medical colleges could go forth with a very good idea of the art and science of obstetrics. The author referred to the old college manikin as being always on deck in all our schools, by the aid of which it was supposed to teach a practical knowledge of obstetrics. The manikin is good in its place, but it must be put more and more in the background, as medical teaching now takes the more advanced ground of clinical demonstration.

Why is it so many graduates fail to succeed in their professional calling? May not it be partly laid at the door of our medical colleges, which fail to give proper instruction and to afford suitable means for fitting graduates for the duties incident to their profession? Senior medical students receive better clinical instruction in every branch of medical practice than in the obstetrical branch. If there is a branch of practice which should be thoroughly taught at the bedside, this is the one. Clinical midwifery must be placed in the front ranks, and medical graduates must receive *practical* instruction in the management of obstetrical cases. In our own city it is possible to make our colleges greatly excel in this particular. To bring this about Dr. Smith suggests that the maternity service of our public institutions could be utilized to a greater extent. The physicians to the poor rather evade

than seek obstetrical cases. Such cases could be utilized for the benefit of advanced students. Then, again, let it be well known that all women in the humbler walks of life, in need of professional services in their confinements, and who are unable to afford pecuniary compensation for such services, might receive gratuitous and skillful assistance by registering their names at such places as the health office, the Emergency Hospital or any other hospital, or at the medical colleges or with any of the professors. If this were more fully carried out two good results would ensue. First, many women would be saved from the mischievous practices of ignorant midwives; and, second, young men would acquire practical knowledge of this important branch of our professional work. Then, again, the physicians of the city might ask advanced students to be present at many of their cases. These students could assist in many ways and be of aid to the attending physician, thus rendering the benefits again twofold. Last of all, the author suggests that the profession must work to secure the establishment of a Free Lying-in Hospital, to be under their exclusive management, and to be conducted in a manner to secure the most thorough and efficient teaching of the obstetric art.

Remarks by Several Doctors.—The paper by Dr. Smith was discussed by a number of physicians and especially by Drs. H. L. E. Johnson, Lovejoy, Magruder and Brown. The principal points brought out in this discussion were twofold: one that the amount of practical obstetrics available to senior medical students in this city was up to the average of the schools of the North and West; and that the class of students gathered here were of an unusual good character. This comes about from the fact that a very large per cent of the students are young men who are working their way through school. They appreciate the value of time and know full well they have none to waste. They come for hard work and they are eager for all they can get. Such students learn far more than those sent to college by fond parents in order that their sons may have a degree or rank among the professions. Advances are made each year in the amount of practical obstetrics given the advanced students, and, without doubt, it will not be long before our colleges will offer most unusual facilities in this line.

The Peroxide of Hydrogen Question.

In the *Archives of Pediatrics* for January is an article or an open letter from Charles Marchand to Dr. A. Jacobi. It is a reply to an address given by Dr. Jacobi before the American Pediatric Society. In this address Dr. Jacobi has much to say about "the immense number of unsophisticated medical men all over the country" and their inability to cope with disease. He enters into a diatribe regarding proprietary medicines of all kinds, and endeavors to convey the impression that peroxide of hydrogen is a "nostrum" and its manufacturers "quacks and patent medicine vendors." Mr. Marchand replies to this in a very successful way. But a reply was hardly necessary, for thousands of physicians all over the country are using Marchand's peroxide and are ready to declare with us there is nothing that can take its place. We believe with Dr. Squibb, of Brooklyn, that peroxide of hydrogen is perhaps the most powerful of all disinfectants and antiseptics, acting both chemically and mechanically upon all excretions and secretions. It appears to us, at this distance, that Dr. Jacobi was in bad humor when he wrote his address, or has some special interest in thrusting this lance at Mr. Marchand. However, it will not change the convictions of thousands of medical men who have seen such unmistakable good results follow the use of the peroxide.

The Destiny of Man.

A writer in the *Popular Science Monthly* for February asks: Has man reached his culmination? Is he at the end of his evolution, or is he a little short of it? Will he suffer the fate of the paleontological species, which, having reached the maximum height of their lives, halted and perished, or will he continue to advance? Will his senses acquire greater delicacy, his hand more readiness? Will his brain gain in volume, or in convolutions, or in the number or quality of its cells?

We doubt, regarding the equilibrium of the head and the harmony of its parts, whether the brain will gain greatly in volume. Its anterior lobes may perhaps increase till the axis of gravity passes the middle of the base of the skull. Dolichocephaly will be replaced by a universal brachycephaly. The quality of the cells is sure to improve. On that side no limits can be discerned, and in that direction man may hope to reach the Buddhist's ideal.

When man shall have thus been exalted by his intellectual faculties, the lower types nearest to him will have disappeared, and those animals which are now most closely related to him will be no more, and the interval between him and the other types will have widened to an unfathomable gulf.

This number contains a most interesting article for physicians on Prehistoric Trepanning.

Craniotomy on the Living Fœtus.

Are we to hold to the barbarous, murderous practice of craniotomy, because of its antiquity? Thus asks Dr. Cornelius Kollock in the January number of the *New York Journal of Gynæcology*. He answers the question by stating that we have sufficient valuable statistics to enable us to decide that craniotomy on the living fœtus is not a justifiable operation. Not long since in Germany out of 149 cases of contracted pelvis, 109 women and 136 children were saved—a preservation of 245 lives. If craniotomy had been done in those cases 149 children would have been destroyed and probably 50 women—making a sacrifice of at least 199 lives. Zweiffel saved twenty-nine cases out of thirty. Schanta did Cæsarian section fifteen times without a death. Of eighteen recent operations in Louisiana, fourteen were successful. Of eight in Ohio, six were successful. Dr. Howard Kelly of Baltimore has recently done the operation successfully four times. Dr. Joseph Price has performed the operation a number of times successfully. Dr. Price prefers Porro's operation. It is Dr. Kollock's opinion that 85 or 90 per cent of the cases of obstruction of the pelvis forbidding the delivery of the fœtus in the natural way might be saved by a timely resort to Cæsarian section.

"The Turning of the Tide."

Under this title the editor of this journal to which we have just referred reviews the article contributed by Dr. Kollock and says that he believes "it is the first time in medical literature, at least in this country, that any medical man has been bold enough to make such an assertion, unequivocally and over his own signature. Never before has the operation preferred by Dr. Kollock been considered a safe one even on grounds of expediency, while now, thanks to asepsis, its mortality and lesser injury to the mother have been reduced to a minimum. How would such a paper have been received five years ago? With what outraged amazement would not such a ridiculous dictum have been viewed? The editor, Dr. A. H. Buckmaster, says we cannot escape the acknowledgment that the unborn infant has the same right to live, *on all grounds save those of expediency*, as has the mother, whatever may be the physical conditions. The only mission of the physician is to save life and to cure disease; it is surely a monstrous claim that because we are so ignorant of physical laws that we are unable to save a mother's life by direct means, we are thereby justified in killing an innocent human being in order to accomplish our purpose. If we killed babies to eat them, as do many of the lower animals to their young, there might be some palliation for the offense on the ground of personal necessity, but to do so by fœticide, in cold blood and against the dictates of right reason, is an act of which the brutes are fortunately incapable. Fœticide must always be, whatever the ignorance or love of expediency of our lawgivers may call it, nothing else than *unjustifiable homicide*, in lieu of an uglier name. Let us hope that the profession are at last awakening to a realization of the enormity of this unnatural procedure, of its terrible injustice. Perhaps Dr. Kollock and his confreres are the first indication of the turning of the tide.

To Abort Pneumonia. We notice in the last number of the *Medical World* that one of the old students of Prof. A. B. Palmer, so long Dean of the Medical Department of the University of Michigan, still adheres to the teachings of his student days and with most flattering results. Professor Palmer insisted that he could abort every case of pneumonia if called within twelve or twenty-four hours after the chill, or at any time before any considerable exudate had occurred. For an adult the treatment is as follows: Six to eight grains of quinine are given, together with from one-fourth to one-third grain of morphine. In a short time this induces free perspiration and a reduction of the temperature. The quinine is kept up in doses of from two to eight grains once every two or three hours, until from thirty to forty grains are taken in from twelve to twenty-four hours. In desperate cases even sixty grains can be taken in that length of time. Unless all pain and special uneasiness is relieved the morphine may be repeated in from four to six hours. If called after hepatization has occurred, even then the quinine treatment is most beneficial and should be given in the same free doses. In commenting on this treatment, the author of the paper says he had fifteen cases of pneumonia in four weeks and all were discharged convalescent in from six to eight days.

Operation for Strangulated Hernia. The *Medical World* also publishes a note from Dr. A. L. McLaren of Port Huron, Mich., which describes a new method of treating a strangulated hernia. The doctor injects into the hernial sac, from a hypodermic syringe, glycerine, three or four drams in the case of a child, waits an hour or so when the feces are found semi-liquid, and then resorts to taxis. The use of the knife is wholly unnecessary. This treatment is based on the fact that glycerine will liquefy the hardest feces in a short time.

Value of Tests for Glucose in Urine. In the New York *Medical Journal* for January 7 is an article by Dr. F. D. Beane on the comparative clinical value of several tests for glucose in the urine. The following conclusions were reached:

1. There is no reliable reagent for proving the presence in the urine of a smaller quantity of glucose than 0.025 per cent (1 in 4,000 parts.)

2. Therefore the contention that a smaller quantity occurs in the urine during physiological or pathological conditions cannot be considered proved.

3. Normal human urine contains minute quantities of reducing substances. Whether or not a part thereof is glucose cannot be determined by our present analytical means.

4. The Oliver-Mulder indigo-carmin, the Johnson-Braun picric-acid, Franqui and Van de Vyvere's potassic-bismuth, and Brücke's bismuth-iodide tests are unreliable and misleading.

5. The ammonia-lead test is reliable for quantities at and above 0.20 per cent.

6. Einhorn's fermentation test (modified) is practically reliable for as little as 0.10 per cent of glucose in the urine.

7. Worm-Müller (modified Fehling's) and Salkowski's (modified Trommer's) tests are, under certain conditions, reliable for 0.05 per cent and upward.

8. Nylander's bismuth solution in expert hands will detect 0.025 per cent; in careful hands will prove trustworthy for 0.05 per cent and upward.

9. The phenylhydrazin-hydrochlorate test, as modified by Ultzmann and Bond, yields reliable results for quantities as small as 0.025 per cent, and is the best single test known.

Bedside Urinary-Test Case. In discussing these various tests mentioned above, Dr. Beane says of the Böttger's test: mix equal volumes of urine and a solution of sodic carb. (crystals, 1; distilled water, 3 parts); add a few grains of bismuth subnitrate and boil for two minutes. "The tablets offered by Messrs. Parke, Davis & Co., in their 'bedside urinary-test case,' are a very convenient form for making use of Böttger's test, and their case is for bedside testing indispensable to the careful practitioner." The article is some seven pages in length and is a most careful study of the whole subject.

Radical Cure of Hernia.

In the same number of the journal from which we have just quoted, is an article by Dr. William C. Kloman of Baltimore. Dr. Kloman has seen over ten cases of hernia cured, within the past few months, by the hypodermic method. He knows of over thirty cases treated in this way, and in each case the treatment was completely successful. The injections are made into the edges of the hernial ring. They are given at intervals of three or four days until the hernial ring is fully healed. The pain is slight and the patient loses no time while under treatment. The discoverer is Dr. Charles E. McCandliss of Atlanta, Ga. From the cases here reported one would think this a remarkable discovery. But we do not quite like the idea of not telling of what this injection consists. Is it possible that the discoverer is the only one in the secret? We would hesitate making a note of this article and for the above reason, were it not for the fact that said article appears in such a representative journal. Please tell us the nature of the injection used.

Therapy of Phenacetine.

In the *Virginia Medical Monthly* for January is an abstract of a paper by Dr. John S. Shoemaker of Philadelphia on the therapy of phenacetine. Dr. Shoemaker says that phenacetine was originally introduced as an antipyretic, and subsequently was found to possess analgesic powers. In diseases attended by hyperexia, such as rheumatism, pneumonia, typhoid fever, and phthisis pulmonalis, it exerts a very happy effect in about one-half the dose of antipyrine, the ordinary dose being from three to eight grains. The mortality of the typhoid fever of children has been very materially reduced by its employment. The fall of temperature does not occur until half an hour after the drug has been taken, and the effect continues from four to eight hours. As an antipyretic, it is considered by many authorities as the safest and most efficient of the aniline group. In ordinary colds, one or two five-grain pills of phenacetine remove all symptoms. The combination of salol with phenacetine is especially useful in influenza and rheumatism. Its analgesic properties are very marked in the various forms of headache. In whooping cough, one-half-grain doses dissolved in ten drops of glycerine are readily taken by children and afford prompt relief, permitting sleep and ameliorating the attacks.

Sore Nipples of Nursing Mothers.

The treatment as here given must be instituted early, before suppuration of the over-distended lobe proceeds too far. If the child draws very hard and if the mother experiences pain; if tender streaks extend back from the base of the nipple, corresponding to the over-distended milk tube, and if there are tender cords or lumps in the breast, then proceed as follows: Prepare yourself with a small magnifying glass—one such as watchmakers use—and, squeezing the nipple gently so that the fifteen to twenty openings for the corresponding tubes can be plainly seen, into each of these orifices introduce a fine probe and carefully follow the canal to the ampulla. When the strictured one or ones have been passed, introduce a blunt probe of larger size and more fully dilate the so-called stricture and the case is cured at once. The operation can be done in fifteen minutes' time. It is not necessary to use an anæsthetic, and one sitting is sufficient. There is no operation within my knowledge so easily performed, or that is so satisfactory to both physician and patient. If this be done early we shall spare the nipple from being deprived of all or the greater part of its integument.—*Medical and Surgical Reporter* of Philadelphia.

Benign vs. Malignant Growths.

Our last number contained much interesting matter on the question whether benign growths ever take on malignant action. The latest testimony bearing on this comes from Prof. Wm. Goodell of Philadelphia. Speaking of cancer of the uterus, he says that a hemorrhage from the uterus after the menopause should always be looked upon with suspicion, especially when the woman is over thirty-five and has borne children. "I repeat it, when she has borne children—because *a cervical tear is the most common cause of malignant disease of the cervix.*"

To Sterilize Instruments. The assistants at Von Bergmann's Clinic boil all instruments for five minutes in a one per cent solution of ordinary washing soda.

Relative Danger of Infectious Diseases. We fail to see why Michigan should be an exception to all other States; and certainly it cannot be an exception to those east of the Mississippi River. From a report by Dr. Henry B. Baker, secretary of the Michigan State Board of Health, we take the following diagram as representing the deaths from infectious diseases in Michigan for the past ten years:

35,000 deaths	Consumption
21,000	Diphtheria
10,000	Typhoid Fever
8,000	Scarlet Fever
3,500	Whooping Cough
2,500	Measles

Treatment of Tumors and Cancers. In the January number of the *Popular Science Monthly* is an article by Dr. John W. S. Gouley of New York on the treatment of tumors and cancers. When we consider that more than two thousand persons die annually from the effects of cancerous tumors in the State of New York, and when we consider that this is about the same proportion in other States and countries, we may well ask the question, "How can this percentage of mortality be lessened?" The paper begins with the question, At what period of the development of a tumor is its extirpation justifiable? The answers to this question, for a long time, have been divided between early and late surgical intervention and non-intervention. Some surgeons, at home and abroad, have favored and do now favor early extirpation even in the case of benign tumors, but many advise non-interference so long as tumors are small, painless, stationary, or of slow growth. Professor Gouley says that if it were generally known among intelligent people that great numbers of innocent tumors sooner or later become malignant, and that malignant tumors often simulate benign tumors and remain quiescent for a great while, the sufferers would unhesitatingly consent to the removal of these morbid growths in their inception, long before the possible advent of serious mischiefs, or when the cure might be effected by minor operations which would leave the smallest scars, especially in such parts as the face, neck, arms or hands.

Book Reviews.

A Text-Book of Practical Therapeutics with Especial Reference to the application of Remedial Measures to Disease and their Employment upon a Rational Basis. By Hobart Amory Hare, M. D., B. Sc., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia; Laureate of the Royal Academy of Medicine in Belgium, of the Medical Society of London, etc.; President of the Section of Therapeutics in the Pan-American Medical Congress. Third Edition. Enlarged and Thoroughly Revised. Cloth, $3.75; leather, $4.75. Philadelphia: Lea Brothers & Co. 1892.

The third edition of this valuable work comes to us within two years from its first appearance. At this rate the author will be kept constantly busy in revising his book and preparing it for the publisher. In fact, this must have been the case during the past year for we notice many marked improvements in the edition before us. We find here directions for the use of the drugs of the most recent introduction, and the very latest results obtained in the treatment of disease by these newer remedies. There is also a list of drugs arranged according to their physiological action, and a list of definitions of the terms used to designate classes of drugs. In a word, this book is a treatise on drugs and other remedial measures, with especial reference to their practical uses; and also a treatise on diseases, with full directions for the most approved treatment. The book closes with a table of doses and an index of diseases and remedies. There are some books that the student and practitioner alike would do well to purchase; there are others they ought to have; while still others they must have. To this latter class belong the text-books on practical therapeutics. Certainly none can be found either more practical or more complete than this, the third edition of Hare's well-known text-book.

Diseases of the Chest, Throat and Nasal Cavities. Including Physical Diagnosis and Diseases of the Lungs, Heart and Aorta; Laryngology and Diseases of the Pharynx, Larynx, Nose, Thyroid Gland, and Œsophagus. Second edition, revised and enlarged. 8vo, 696 pages, 240 illustrations, including colored plate of stained tubercle bacilli. Price, $5. By E. Fletcher Ingals, A. M., M. D., Professor of Laryngology and Practice of Medicine, Rush Medical College; Professor of Diseases of Throat and Chest, Northwestern University Women's Medical School; Professor of Laryngology and Rhinology Chicago Polyclinic, etc.

It is with an unusual degree of pleas-

ure that we review this book. This may be accounted for in two ways: first, the subject itself is one in which we are especially interested; and, second, we have known the author, his methods of work, and his success for many years. While Professor Ingals freely admits that he has carefully consulted the extensive literature of the topics under discussion, yet he most truly says he has "limited the argument to that which personal knowledge of the diseases commends to my own judgment." The recommendations for treatment are likewise "those methods which have proved most efficacious in my own practice." Therefore, it may truly be said, the book is distinctly the work of Dr. Ingals; it is the result of his own close observation. And who is better able to decide? We do not believe there is a specialist in this country who has a larger or more lucrative practice; certainly there is not a harder working man in the profession. Years ago we wondered why this busy operator kept such a minute account of each one of his patients, but now we see the fruit of all this painstaking.

In the first section there are fifteen chapters devoted to diseases of the chest; four to physical diagnosis; six to pulmonary diseases; and five to maladies of the heart and large blood-vessels. In the second section are fourteen chapters on diseases of the throat. This has been entirely rewritten and much interesting new matter is found. The third section consists of seven chapters relating to diseases of the nose, and this also has been entirely rewritten. Here we have Dr. Ingals's method of treating hypertrophic rhinitis, which we can affirm, if properly carried out, will result in recovery "in at least nineteen cases out of twenty."

The scope of this work is so broad that the general practitioner will profit by it, while the specialist will be only too glad to avail himself of the recorded teaching of such a recognized leader.

The many friends of the author must congratulate him on the completion of such a difficult task; while there can come to the author himself the satisfaction of contributing so generously to the sum of professional knowledge.

Letters to a Young Physician.

My Dear Doctor:—For one whole year have I endeavored to answer your questions and to advise you to the best of my ability, and now you astonish me by sending an invitation to your wedding. Why did you not ask my advice on this question as well as on others? But 'twas ever thus. Had I poured into your ears the testimony of a thousand men that you are too hasty and had better wait until you were better established, it would have been absolutely useless; for how could we understand anything about your "undying love" and "great prize"? Well, I wish you much happiness, but I am not ready to give you my full approval. I prefer to shake my head and look as wise as possible. I am glad the girl comes of such a good family and I trust that she will never regret she married a man who "took a little when out with the boys." It is extremely dangerous, my dear doctor, for any young man to become fond of his glass of stimulant, and it is almost fatal for a young physician to reach such a state. Do not go too far; it is intensely dangerous ground. Be a slave to no one and to no one thing. Test yourself; stop drinking any stimulant for a week and see if you miss it. If so, the danger signal is up. Stop short. There is danger ahead! But I must close. A number of letters await my answer. Among these I find one from a young lady asking if she had better study medicine; another wants to know what specialty pays the best; and still another asking if much of success depends upon the location chosen. And here is one from an "old doctor" who has his complaint it seems. I did not know before that there was such a person as an *old* doctor, but as he so signs himself I will so reply to him in due time. Therefore, if you will be patient, after answering these I will again reply to your questions.

Very sincerely yours,

The Review.